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TRANSACTIONS

OF
THE CANADIAN
DENTAL ASSOCIATION



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INTERIM & ANNUAL MEETINGS
BOARD OF GOVERNORS

MARCH 6-7 AND AUGUST 28-29, 1981

CANADIAN DENTAL ASSOCIATION

BOARD OF GOVERNORS

OFFICIALS & COUNCILS

Chairman of the Board of Governors R.A. Hamilton

COUNCIL OF COUNCILS

FORWARD

This book provides a record of the business transacted at the Interim and Annual Meetings of the Board of Governors of the Canadian Dental Association, at Ottawa, Ontario and Calgary, Alberta on March 6-7, and August 28-29, 1981 respectively.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote:

Words appearing in italics both within the body and at the end of the Council or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the C.D.A. TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils and Sections.

INTERIM

MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

OTTAWA, ONTARIO

March 6-7

1981

CANADIAN DENTAL ASSOCIATION

BOARD OF GOVERNORS

OFFICERS & OFFICIALS

Chairman of the Board of Governors N.A. Mancini

EXECUTIVE COUNCIL

G.E. Utas, President
D.E. Williams, President-Elect
C. Covit, Past President

R.N. Hicks
J. Laporte
J.W. MacKay

R.D. Sexton
D.L. Thompson
W.R. Thompson

Executive Director: H.E. Drouin

BOARD OF GOVERNORS

ALBERTA:

E.F. Allison
D.L. Thompson

NEWFOUNDLAND:

R.D. Sexton

PRINCE EDWARD ISLAND:

J. Robertson

BRITISH COLUMBIA:

R.N. Hicks
M.J.R. Leitch
T.E. Ramage

NOVA SCOTIA:

J. Christie

QUEBEC:

J. Laporte
J-G. Landry
E. Margolese

MANITOBA:

P.R. Crawford

ONTARIO:

R.F. Evans
A.J. Harris
B.W. Holmes
K.L. Roach
R.R. Schiewe
E.G. Sonley

SASKATCHEWAN:

J.W. MacKay

NEW BRUNSWICK:

R.A. Turcotte

CANADIAN FORCES DENTAL
SERVICES:

W.R. Thompson

STUDENT REPRESENTATIVE:

Ms. L. Tomkins

Recording Secretary: Mrs. P. Cunningham

COUNCIL CHAIRMEN

R.Y. Barolet (Dental Materials &
Devices)
J.W. Bradey (Ethics)
C. Covit (Nominations)
J.E. Durrant (Insurance & Investment)
M. Gornitsky (Hospital Services)

W. Heaslip (Constitution & By-Laws)
W. Leskiw (Student Affairs)
A.E. MacLeod (Information Services)
R.J. Sexton (Health Care)
D.J. Yeo (Education)

LEGEND

MARCH 1981

	Page No.
Executive Report	1
Audited Financial Statements - Can. Dental Research Foundation	14
Audited Financial Statements - Canadian Dental Association	24
Membership Committee Report	46
Report on the Evaluation of Student Programs	59
Taxation Committee Report	68
CDA Annual Convention Protocol	76
Dental Therapist Program	81
Report of Meeting with Health & Welfare & Corporate Members	91
Product Acceptance Committee Report	95
Disclaimer - CDHA Brief to the Hall Commission	97
QDSA/CDA Executive Meeting Notes	98
CDSPI Statement of Receipts & Disbursements, 1978 & 1979	105
Council Reports:	
CDSPI (Insurance and Investment)	109
Dental Materials & Devices	122
Health Care	125
Hospital Services	134
Information Services	137
Student Affairs	160

LEGEND

MARCH 1981

Page No.

Specialty Sections:

The Association of Prosthodontists of Canada 166

Other Affiliated Societies:

Canadian Fund for Dental Education 167

Royal College of Dentists of Canada 170

Resolutions Requiring Board Action

The Audited Financial Statements for the Canadian Dental Research Foundation were submitted for review and an explanation received concerning the bookkeeping errors.

APPENDIX I

RESOLVED:

That the Audited Financial Statements for the Canadian Dental Research Foundation be adopted as at December 31, 1979 be adopted.

ADOPTED

The Canadian Dental Association Audited Financial Statements were also reviewed.

APPENDIX II

RESOLVED:

That the Audited Financial Statements for December 31, 1979 be adopted.

ADOPTED

Membership Application Report

Membership Application to CDA were reviewed as outlined in the attached report.

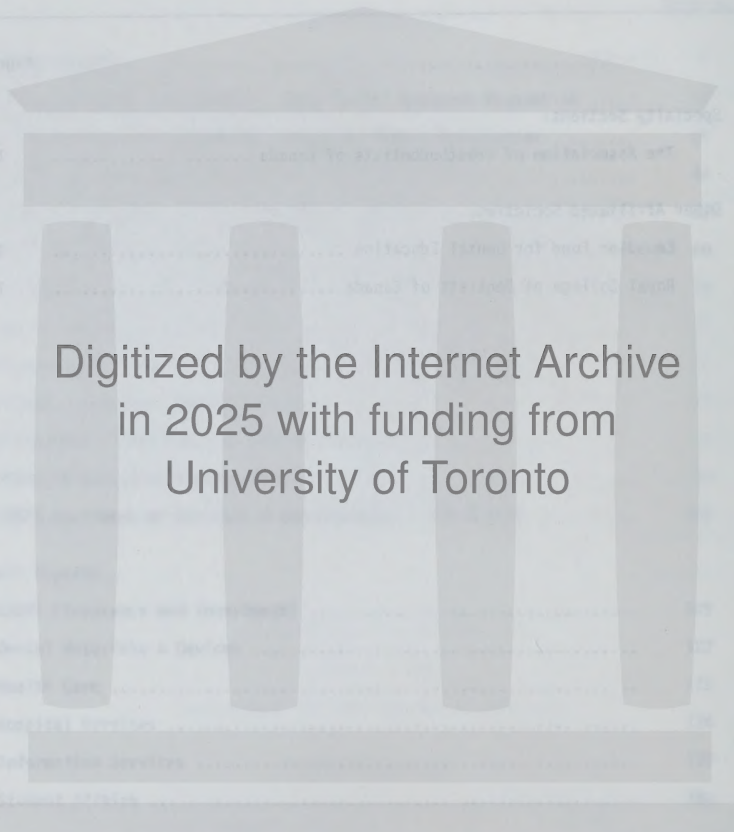
APPENDIX III

RESOLVED:

v

That the 1980 Membership Application be accepted as outlined in the attached report.

ADOPTED



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EXECUTIVE

REPORT OF THE EXECUTIVE COUNCIL TO THE MARCH 1981 INTERIM BOARD OF GOVERNORS

Members: Dr. G.E. Utas, Grande Prairie, President
Dr. D.E. Williams, Moncton, President-Elect
Dr. C. Covit, Montreal, Past-President
Dr. R.N. Hicks, Vancouver
Dr. J. Laporte, Quebec
Dr. J.W. MacKay, Saskatoon
Dr. R.D. Sexton, Cornerbrook
Dr. D.L. Thompson, Calgary
Brig-Gen. W.R. Thompson, Ottawa

Council Meetings

Since the last Board of Governors meeting in September 1980, Executive Council has met on two occasions: November 28-29, 1980 and January 30-31, 1981.

Matters Requiring Board Action

The Audited Financial Statements for the Canadian Dental Research Foundation were submitted for review and an explanation received concerning the investments therein.

APPENDIX I

RESOLVED:

That the Audited Financial Statements for the Canadian Dental Research Foundation as at December 31, 1980 be adopted.

ADOPTED

The Canadian Dental Association Audited Financial Statements were also reviewed.

APPENDIX II

RESOLVED:

That the Audited Financial Statements to December 31, 1980 be adopted.

ADOPTED

Membership Committee Report

Membership statistics to date were reviewed as contained in the appended report.

APPENDIX III

RESOLVED:

That the Life Membership applications be accepted as appended.

ADOPTED

EXECUTIVE

Matters Requiring Board Action

Membership Committee - continued

RESOLVED:

That applications for Associate Membership be accepted as appended.

ADOPTED

RESOLVED:

That Terms of Reference for Certificates of Merit, Honorary Certificates and the Distinguished Service Awards, as set forth in the Membership Committee Report be accepted and referred to the Council on Constitution and By-Laws for implementation.

ADOPTED

The Membership Committee was complimented on a very comprehensive report, complete with graphs and tables which assist in providing a very concise picture of the status of the CDA membership to date. Figures for student membership are also provided.

Following discussion regarding the structure of the Membership Committee,

RESOLVED:

That the motion dealing with the structure of the Membership Committee from the 1978 Board of Governors meeting be rescinded.

ADOPTED

RESOLVED: *Further that the Membership Committee be a Committee comprised of only a chairman, as well as Committee members whose expertise would be required for a particular year. The Committee Chairman will report to the Executive Council.*

ADOPTED

Federation Dentaire Internationale

The events leading up to the Board of Governors' decision to withdraw from FDI were reviewed. A meeting was held at headquarters building on November 14th with Dr. J.E. Ahlberg, Executive Director of FDI and the CDA Management Committee in attendance.

EXECUTIVE

Matters Requiring Board Action

WHEREAS the FDI Executive Director has visited Canada to discuss issues of concern with the CDA; and

WHEREAS some positive solutions were reached at that meeting; and

WHEREAS there is reason to believe that future negotiations on FDI issues will occur;

RESOLVED:

That the CDA notification of withdrawal from membership in the FDI be rescinded.

ADOPTED

RESOLVED:

That individual memberships in FDI be encouraged in Canada at a 1981 supporting members dues rate of \$35/member and \$60/member with the international Journal.

ADOPTED

A draft policy on CDA participation in FDI was distributed and after a lengthy deliberation,

RESOLVED:

That the Terms of Reference for Canadian Delegates to FDI be:

1. CDA will send two delegates and their spouses
 - a) the President of CDA
 - *b) one delegate - National Treasurer appointed annually for a maximum of four years.

EXECUTIVE

2. *Per diem as usual for the President.*
3. *The National Treasurer be paid the same amount as the per diem rate for a Council Chairman.*
4. *To be effective in 1982.*
5. *Cost approximately \$20,000.*

**National Treasurer should be selected on the basis of experience and interest in FDI affairs for consideration of the Executive Council.*

ADOPTED

RESOLVED:

That CDA pay the Member Association Subscription for 1981 in the amount of \$6,418 (U.S.)

ADOPTED

RESOLVED:

That Dr. Utas be named National Treasurer to the Federation Dentaire Internationale for 1981.

ADOPTED

RESOLVED:

That the 1981 delegates to the FDI Congress in Rio de Janiero be Dr. G.E. Utas and Dr. D.E. Williams.

ADOPTED

RESOLVED:

That the alternate delegates to the 1981 FDI Congress in Rio de Janiero be in the persons of Brig-Gen. W.R. Thompson and Dr. G.S. Beagrie.

ADOPTED

EXECUTIVE

Matters Requiring Board Action

FDI - continued

A direct mail-out is being carried to 1800 members who were previously FDI members and to the Corporate members, along with extra application forms for new members. This application will be included in the March and April CDA Journals.

Reorganization of the Council on Student Affairs

The appended report was submitted for consideration and Executive Council agreed with the recommendations contained therein.

APPENDIX IV

RESOLVED:

That the report on the Evaluation of Student Programs be referred to the Council on Student Affairs for review and implementation, subject to the Board of Governors approval in September, 1981.

ADOPTED

Taxation Committee

The report of the Taxation Committee was accepted by Executive Council as appended.

APPENDIX V

The Executive Council accepted the proposal that the firm of Grey, Clark, Shih and Associates Limited be retained as consultants to the CDA in efforts to persuade the Department of Finance and the Federal Government to reinstitute the duty-free status of imported dental materials.

CDA has prepared a response to Johnson and Johnson's "letter to the profession", outlining our differences of opinion with their corporate policy and a copy of this letter has been forwarded to the CDA membership for information.

APPENDIX V(a)

APPENDIX V(b)

The following points were also accepted by the Executive Council and are set out herewith for information:

- a) That CDA's position of supporting reinstatement of the duty-free status to imported dental materials be strongly presented to the Minister of Finance, the Minister of State for Finance and to the Department of Finance itself;
- b) That CDA's position of supporting the application of duty to imported dental prosthetic appliances be identified to the individuals mentioned in clause (a);
- c) That the CDA request support from the Commercial Dental Laboratory Conference and the Dental Industries Association of Canada on this issue;

EXECUTIVE

Matters Requiring Board Action

Taxation Committee - continued

- d) That the CDA acknowledge the letter received from the Minister of Health and Welfare which states her acceptance of the fact that these tariff amendments could significantly add to the cost of basic dental services in Canada and that the CDA advise the Minister of all facts presented to the Department of Finance.
- e) That the membership of the CDA be provided with the facts and statements supporting CDA's position on this issue and the membership be encouraged to express their concerns to their Members of Parliament and the Ministers assigned to the Finance Portfolio.

Executive Council agrees that a brief needs to be prepared very quickly and that CDA action should be printed in the Journal to inform the membership of the present status of the tariff rate.

It is also suggested that dental equipment can be discussed with the Department of Finance to include additional items of concern.

RESOLVED:

That the CDA support tariff protection for the dental laboratory industry and work closely with the Commercial Dental Laboratory Conference in our mutual efforts to separate the tariff treatment of dental prosthetic appliances from the tariff treatment of dental materials.

ADOPTED

RRSP

The Taxation Committee also suggested that a meeting be held with representatives as set forth to discuss Registered Retirement Savings Plans.

RESOLVED:

That a meeting with representatives of the Canadian Dental Association, Canadian Medical Association, Canadian Institute of Chartered Accountants, and the Canadian Bar Association be arranged by the Canadian Dental Association to explore alternative avenues to provide better access for Canadian professionals to contribute to pension funds or retirement savings programs with pre-tax dollars.

ADOPTED

EXECUTIVE

Matters Requiring Board Action

CDA Conventions

The Executive Council accepted the appended proposal for CDA Conventions. Consideration was given to the need for a general and a local co-chairman and it was suggested that the main impetus should come from the CDA.

APPENDIX VI

RESOLVED:

That the Convention Protocol Proposal be referred to an Ad Hoc Committee for review and presentation to the Annual Board meeting in Calgary, August 1981.

ADOPTED

Matters for Information - Not Requiring Board Action

Resource Centre

Miss Linda Teteruck has accepted the position of Director of Education as an addition to her present duties as Director of Student Affairs, and will also act as CDA Conference Coordinator. A librarian will be hired to assist in the development of the Resource Centre.

Certificates of Merit

Certificates of Merit were approved for former CDA Governors as follows:

1979 - Dr. M. Charendoff
Dr. C. Dexter
Dr. W.J. Froese
Dr. C.D. Mielke
Dr. J.D. Murphy
Dr. A.J. Shinoff

1980 - Dr. C.E. Gosselin

EXECUTIVE

Matters for Information - Not Requiring Board Action

Several opportunities at which the President and members of the Management Committee had represented the CDA are listed below:

- October 3-4 - Peace River District Meeting with Alberta and British Columbia
- October 10 - American Dental Association in New Orleans
- October 23-25 - Newfoundland Dental Association, Grand Falls
- October 17 - Deputy Minister Lawrence Fry
- November 14 - Dr. Ahlberg, Executive Director of FDI and Management Committee, Headquarters - Ottawa
- November 21 - Federation of Dental Societies of Greater Montreal - Dr. Covit and H. Drouin
- November 21-22 - Management Committee
- November 21 - Ontario Dental Association - Dr. Williams
- November 21 - University of Alberta, Dental Faculty members and students - Dr. Utas
- November 27 - Toronto Academy Winter Clinic - Dr. Utas
- December 12 - Health and Welfare Canada
- January 27 - Management Committee

Government Relations

A meeting was held on December 12th with representatives of Health and Welfare and the Provincial representatives to consider the matter of dental therapists. Representatives from the provinces who attended the meeting agreed that dentists can provide the needed services and the dental therapists school could eventually be phased out. An article appearing in the CDA Journal offers a synopsis of this meeting and is appended with other pertinent correspondence.

APPENDIX VII

With respect to the staffing of a dental consultant with Health and Welfare, the Deputy Minister has asked CDA to sit on the Selection Committee.

Translation Grants

Translation grants are being investigated through the office of the Secretary of State. Funds to \$25,000 could possibly be made available on an annual basis.

Cornwall Island Study

The Cornwall Island Study is concerned with the St. Regis Indians and the effect of airborne contaminants including fluorides. It was felt that there should be Canadian dental input from CDA. A response is anticipated on the development of the protocol from Dr. Silikoff, in which CDA would be involved per the direction of the Deputy Minister.

EXECUTIVE

Matters for Information - Not Requiring Board Action

Fluoridation Report

A general policy statement on Fluoridation will appear in the CDA Journal with a Status Report, and a further report on Fluoridation will appear in the March issue with a literature review and synopsis of how to respond to questions regarding fluoridation.

In addition, two manuals or guides, have been prepared for local and provincial consumption. These will be made available to Directory of Officials' holders, and to any other groups who may want to draw from it for purposes of fluoridation campaigns.

The Federal Government has been made privy to an initial draft for consideration of affirmation of a stand on fluoridation and possible funding. It was suggested that direct presentation be made to the premiers of each province, as a national policy from CDA.

At a meeting on January 30th with the Canadian Medical Association Executive, the CMA reaffirmed their position on fluoridation and offered to assist with a "kick-off" campaign. The CMA have offered to sign an endorsement which they will publish in the CMA Journal. This endorsement will also appear in the CDA Journal.

Code of Ethics

The revised Code of Ethics as approved at the September 1980 Board meeting has been distributed to Corporate Members and the Board of Governors with good response. To date 5,400 English copies have been sent to the provinces and individuals, together with 200 French copies.

Alternate Delivery Systems

A meeting to consider terms of reference for a subcommittee on Alternate Delivery Systems was held on February 13th. The Subcommittee will discuss capitation, retail dentistry and other systems involved in dental care delivery.

Appointment to the Standards Council of Canada

In answer to a recent request from the Standards Council of Canada for nominations, Executive Council has submitted the names of Drs. Frank Bourassa and Clement Leblanc for appointment to its policy-making body. Both nominees have agreed to participate if chosen.

Nomination to Working Group on Oral Health Surveys

A request for nomination to the Working Group on Oral Health was received from the Director General, Health Services Directorate and the name of Dr. D.W. Banting has been put forward.

EXECUTIVE

Matters of Information - Not Requiring Board Action

Priorities Workshop

As a follow-up to the request of the Presidents, Chief Executive Officers and Registrars of the Corporate Members, a Priorities Workshop will be held at Montebello, Quebec on March 4-5th. Although the Workshop is being held outside Ottawa, economies of scale relative to costs are being maintained.

Manpower Survey

A preliminary meeting to explore the feasibility of a Manpower Survey will be held. The committee will consist of the Management Committee, the Chairman of the Council on Health Care, two representatives of the Canadian Society of Public Health Dentists and two economists.

It was further suggested that assistance from Statistics Canada could possibly be obtained following the initial consultation.

Medical Devices Regulations

A request for development of a means by which CDA would be informed at the time the Government orders a recall on dental materials has been forwarded to Dr. A. Morrison, Assistant Deputy Minister, Health Protection Branch, Health & Welfare Canada. Concern was expressed that CDA should, in future, have the opportunity to warn the profession when such incidents take place.

APPENDIX VIII

Mercury Contamination

Following a discussion on the need for investigation into mercury contamination in dental offices, the Executive Council agreed to support a pilot study, as proposed by the Council on Dental Materials and Devices, and \$2,000 was made available for the initial study which will be carried out in the Maritimes.

Product Acceptance

The report of the Product Acceptance Committee was reviewed and is appended for information.

APPENDIX IX

EXECUTIVE

CDSPI

Statements from Touche Ross and Company were reviewed by the Executive Council.

RESOLVED:

That the Statement of Receipts and Disbursements for the Canadian Dentists Insurance Program for the years ending 1978 and 1979 be accepted.

ADOPTED

The resignation of Dr. C. Covit as CDA representative to the CDSPI Board of Directors was accepted with regret. Dr. R. Dupont was duly appointed to the CDSPI Board and notification was sent to both Dr. Dupont and the President of CDSPI.

CDHA Brief to the Hall Commission

A copy of a letter from Mrs. Marge Bailey, President of the CDHA, to the Honourable Monique Begin, Minister of Health and Welfare was received. APPENDIX X

The CDHA letter was circulated to the Corporate Members and the Board of Governors. The CDHA has indicated that there will be a complete review of the brief at their Annual Meeting in Calgary.

QDSA Meeting of December 5, 1980

The President and President-Elect were invited to a meeting with the President and Executive Council of the QDSA.

Subjects of common concern, as indicated in the appended correspondence, were discussed in an amicable manner with positive suggestions for continuing cooperation. APPENDIX XI

EXECUTIVE

Matters for Information - Not Requiring Board Action

Information Services

Executive Council has approved the following brochures, as submitted by the Council on Information Services:

1. Do It Yourself Oral Hygiene
2. Do You Smoke? Have Your Mouth Checked

Future Meetings

- April 2, 1981 - Management Committee
- April 3-4, 1981 - Executive Council
- June 5-6, 1981 - Management Committee
- June 26-27, 1981 - Pre-Board Executive Council
- August 28-29, 1981 - Annual Meeting, Board of Governors, Calgary, Alta.

New Business

MOTION FROM THE FLOOR:

Ad Hoc Committee - Licensing Authorities & CDA

WHEREAS the CDA has a two-fold objective, i.e. the protection of the interests of its members and the protection of the interests of the public; and

WHEREAS the CDA deliberates such issues as accreditation, standards of practice, professional inspection, continuing education, which are the legal responsibility of the provincial professional corporations across Canada;

...continued

EXECUTIVE

RESOLVED:

That an Ad Hoc Committee be established under the auspices of the CDA, consisting of an equal number of representatives from the CDA and the provincial organizations issuing licenses to practice dentistry; and further

That this Ad Hoc Committee prepare a report and recommendations for the next meeting of the Board of Governors in August, 1981.

ADOPTED

Respectfully submitted,

Gilbert E. Utas
Chairman
Executive Council

ADOPTION OF REPORT

The Board accepts the Report of the Executive Council.

THE CANADIAN DENTAL RESEARCH FOUNDATION

FINANCIAL STATEMENTS

DECEMBER 31, 1980

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELDREN E. MCCONNELL, C.A.
J. DOUGLAS KERR, C.A.
JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSIEUR, C.A.

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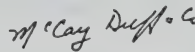
AUDITORS' REPORT

To the Members,
The Canadian Dental Research
Foundation.

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1980 and the statements of current account revenue and expenses and surplus and capital account surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1980 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

The comparative figures are based upon financial statements which were reported on by other auditors, and accordingly we do not express an opinion on them.



Chartered Accountants.

Ottawa, Ontario,
January 15, 1981.

THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

AS AT DECEMBER 31, 1980

ASSETS	<u>1980</u>	<u>1979</u>
CURRENT ACCOUNT		
Due from Canadian Dental Association	\$ 4,666	\$ 4,381
Accrued interest	<u>508</u>	<u>508</u>
	5,174	4,889
CAPITAL ACCOUNT		
Investments, at cost (market value \$15,650, 1979 \$16,650)	<u>19,488</u>	<u>19,488</u>
	<u>\$24,662</u>	<u>\$24,377</u>
 SURPLUS		
CURRENT ACCOUNT	\$ 5,174	\$ 4,889
CAPITAL ACCOUNT	<u>19,488</u>	<u>19,488</u>
	<u>\$24,662</u>	<u>\$24,377</u>

Approved on behalf of the Board:

President_____
Executive Director

APPENDIX I

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF CURRENT ACCOUNT REVENUE AND EXPENSES AND SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1980

	<u>1980</u>	<u>1979</u>
REVENUE		
Interest	\$1,485	\$1,481
EXPENSES		
Annual award	1,200	700
Fees	<u>-</u>	<u>35</u>
	<u>1,200</u>	<u>735</u>
EXCESS REVENUE OVER EXPENSES FOR THE YEAR	285	746
Surplus - beginning of year	<u>4,889</u>	<u>4,143</u>
SURPLUS - END OF YEAR	<u>\$5,174</u>	<u>\$4,889</u>

STATEMENT OF CAPITAL ACCOUNT SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1980

SURPLUS - BEGINNING AND END OF YEAR	<u>\$19,488</u>	<u>\$19,488</u>
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APPENDIX I

THE CANADIAN DENTAL RESEARCH FOUNDATION

SCHEDULE OF INVESTMENTS

AS AT DECEMBER 31, 1980

	<u>Cost</u>
\$5,450 Canada 4.5% bonds, due September 1, 1983	\$ 5,376
\$7,000 Canada Permanent Mortgage Corporation 8.75% debenture, due February 21, 1982	7,000
\$5,000 Hydro-Electric Power Commission of Ontario 9% bonds, due April 1, 1994	5,180
\$2,000 Province of Ontario 9% debentures, due July 1, 1998	<u>1,932</u>
	<u>\$19,488</u>

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

ETATS FINANCIERS

LE 31 DECEMBRE 1980

McCay, Duff & Company, Chartered Accountants

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELCHENE McCONNELL C.A.
J. DOUGLAS KERR, C.A.
JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSIEUR, C.A.

330 MCLEOD ST.
OTTAWA, ONT.
K2P 2C6
PHONE 236-2367

RAPPORT DES VERIFICATEURS

Aux membres de
La fondation canadienne de
recherches dentaires.

Nous avons vérifié le bilan de la fondation canadienne de recherches dentaires au 31 décembre 1980 ainsi que l'état des résultats, l'état des bénéfices non répartis et l'état des résultats et du surplus du compte courant et surplus capital pour l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de la compagnie au 31 décembre 1980 ainsi que les résultats de son exploitation et l'évolution de sa situation financière pour l'exercice terminé à cette date selon les principes comptables généralement reconnus, appliqués de la même manière qu'au cours de l'exercice précédent.

Les chiffres correspondants étant basés sur des états financiers préparés par d'autres vérificateurs, nous n'exprimons pas d'opinion sur ceux-ci.

McCay Duff & Co

Comptables agréés.

Ottawa, Ontario,
le 15 janvier 1981.

McCay, Duff & Company, Chartered Accountants

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

BILAN

AU 31 DECEMBRE 1980

ACTIF	<u>1980</u>	<u>1979</u>
COMPTE COURRANT		
Payable à l'Association dentaire canadienne	\$ 4,666	\$ 4,381
Intérêt couru	<u>508</u>	<u>508</u>
	5,174	4,889
COMPTE CAPITAL		
Investissement, au coût (valeur du marché \$15,650, 1979 \$16,650)	<u>19,488</u>	<u>19,488</u>
	<u>\$24,662</u>	<u>\$24,377</u>
SURPLUS		
COMPTE COURRANT	\$ 5,174	\$ 4,889
COMPTE CAPITAL	<u>19,488</u>	<u>19,488</u>
	<u>\$24,662</u>	<u>\$24,377</u>

Au nom du conseil d'administration:

Président_____
Directeur exécutif

APPENDIX I

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES ETAT DES RESULTATS ET DU SURPLUS DU COMPTE COURRANT POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	<u>1980</u>	<u>1979</u>
REVENUS		
Intérêts	\$ 1,485	\$ 1,481
CHARGES		
Prix annuel	1,200	700
Cotisations	<u>-</u>	<u>35</u>
	<u>1,200</u>	<u>735</u>
EXCEDANT DES REVENUS SUR LES CHARGES POUR L'EXERCICE	285	746
Surplus au début de l'exercice	<u>4,889</u>	<u>4,143</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$ 5,174</u>	<u>\$ 4,889</u>

ETAT DU SURPLUS DU COMPTE CAPITAL POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

SURPLUS AU DEBUT ET A LA FIN DE L'EXERCICE	<u>\$19,488</u>	<u>\$19,488</u>
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LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

TABLEAU DES INVESTISSEMENTS

AU 31 DECEMBRE 1980

	<u>Cost</u>
\$5,450 bonds du Canada à 4.5%, échus le premier septembre 1983	\$ 5,376
\$7,000 débenture du Canada Permanent Mortgage à 8.75%, échue le 21 février 1982	7,000
\$5,000 bonds de l'Hydro-Electric Power Commission de l'Ontario à 9%, échus le premier avril 1994	5,180
\$2,000 débentures de la Province de l'Ontario à 9%, échus le premier juillet 1998	<u>1,932</u>
	<u>\$19,488</u>

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 1980

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELDREN E. MCCONNELL, C.A.
J. DOUGLAS KERR, C.A.
JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
PHONE 236-2357

AUDITORS' REPORT

To the Members,
Canadian Dental Association.

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1980 and the statements of revenue and expenses and surplus, revenue and expenses and surplus for the Library Trust Fund and the Grieve Memorial Lectureship Fund and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1980 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

The comparative figures are based upon financial statements which were reported on by other auditors, and accordingly we do not express an opinion on them.

McCay Duff & Co

Chartered Accountants.

Ottawa, Ontario,
January 15, 1981.

CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

AS AT DECEMBER 31, 1980

	ASSETS	1980	1979
CURRENT			
Cash		\$ 91,937	\$ 44,410
Deposit certificate		150,000	-
Accounts receivable		101,795	75,582
Inventory (note 1)		31,973	18,613
Prepaid expenses		17,173	25,670
		<u>392,878</u>	<u>164,275</u>
FIXED (notes 1 and 2)		<u>1,375,359</u>	<u>1,384,420</u>
		<u>1,768,237</u>	<u>1,548,695</u>
	TRUST ASSETS		
Cash		53,481	44,745
Deposit certificates		5,343	5,343
Accounts receivable		26	1,920
Due from Canadian Dental Association		847	5,207
Library books and furniture (at cost less accumulated depreciation of \$29,423)		<u>3,339</u>	<u>3,136</u>
		<u>63,036</u>	<u>60,351</u>
		<u>\$1,831,273</u>	<u>\$1,609,046</u>
	LIABILITIES		
CURRENT			
Accounts payable		\$ 73,255	\$ 105,377
Deferred revenue		574,444	357,410
Due to Trust Funds		847	5,207
Current portion of long term debt		<u>6,000</u>	<u>6,618</u>
		<u>654,546</u>	<u>474,612</u>
LONG TERM DEBT (note 3)		453,729	459,355
	SURPLUS		
SURPLUS		<u>659,962</u>	<u>614,728</u>
		<u>1,768,237</u>	<u>1,548,695</u>
	TRUST LIABILITIES		
Accounts payable		300	750
Library Trust Fund		56,666	53,536
The Grieve Memorial Lectureship Fund		<u>6,070</u>	<u>6,065</u>
		<u>63,036</u>	<u>60,351</u>
		<u>\$1,831,273</u>	<u>\$1,609,046</u>

Approved on behalf of the Board:

_____ President _____ Executive Director
 McCay, Duff & Company, Chartered Accountants

CANADIAN DENTAL ASSOCIATION
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1980

	1980		1979
	Budget	Actual	Actual
REVENUE			
Fees	\$1,205,625	\$1,237,806	\$ 929,207
Grants	28,500	44,326	23,524
Advertising	212,700	285,120	196,397
Publications	25,000	40,594	32,694
Interest	16,000	19,754	25,084
Rental	104,000	107,021	87,898
Other	12,500	17,403	11,111
	<u>1,604,325</u>	<u>1,752,024</u>	<u>1,305,915</u>
EXPENSES			
Honoraria and per diem	150,000	155,145	156,339
Salaries and benefits	420,000	408,764	393,767
General and administration	226,700	245,569	264,364
Conferences	22,500	30,946	15,300
Journal	319,050	334,594	265,647
Other publications	52,000	42,489	42,933
Travel and meetings	219,200	231,294	218,312
Property management	212,240	194,717	172,166
Dental Health Month	12,000	13,510	10,419
Accreditation surveys	19,200	24,275	31,048
Dental Aptitude Program	32,600	25,487	29,660
	<u>1,685,490</u>	<u>1,706,790</u>	<u>1,599,955</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	(81,165)	45,234	(294,040)
Surplus - beginning of year	<u>614,728</u>	<u>614,728</u>	<u>908,768</u>
SURPLUS - END OF YEAR	<u>\$ 533,563</u>	<u>\$ 659,962</u>	<u>\$ 614,728</u>

CANADIAN DENTAL ASSOCIATION
LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 1980

	<u>1980</u>	<u>1979</u>
REVENUE		
Interest	\$ 4,760	\$ 3,637
EXPENSES		
Binding	164	93
Depreciation	774	529
Subscriptions	<u>692</u>	<u>162</u>
	<u>1,630</u>	<u>784</u>
EXCESS OF REVENUE OVER EXPENSES - FOR THE YEAR	3,130	2,853
Surplus - beginning of year	<u>53,536</u>	<u>50,683</u>
SURPLUS - END OF YEAR	<u>\$56,666</u>	<u>\$53,536</u>

CANADIAN DENTAL ASSOCIATION
 THE GRIEVE MEMORIAL LECTURESHIP FUND
 STATEMENT OF REVENUE AND EXPENSE AND SURPLUS
 FOR THE YEAR ENDED DECEMBER 31, 1980

	<u>1980</u>	<u>1979</u>
REVENUE		
Interest	\$ 305	\$ 300
EXPENSE		
Grant to the Orthodontic section of the Canadian Dental Association	<u>300</u>	<u>300</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	5	-
Surplus - beginning of year	<u>6,065</u>	<u>6,065</u>
SURPLUS - END OF YEAR	<u>\$6,070</u>	<u>\$6,065</u>

CANADIAN DENTAL ASSOCIATION
STATEMENT OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED DECEMBER 31, 1980

	<u>1980</u>	<u>1979</u>
SOURCE OF FUNDS		
Operations		
Excess of revenue over expenses for the year	\$ 45,234	\$ -
Item not requiring working capital - depreciation	<u>44,688</u>	<u>-</u>
	89,922	-
APPLICATION OF FUNDS		
Operations		
Excess of expenses over revenue for the year	-	294,040
Item not requiring working capital - depreciation	<u>-</u>	<u>44,687</u>
	-	249,353
Purchase of fixed assets	35,627	17,015
Reduction of long term debt	<u>5,626</u>	<u>7,712</u>
	<u>41,253</u>	<u>274,080</u>
INCREASE (DECREASE) IN WORKING CAPITAL	48,669	(274,080)
Working capital (deficiency) - beginning of year	(310,337)	(36,257)
WORKING CAPITAL (DEFICIENCY) - END OF YEAR	(<u>\$261,668</u>)	(<u>\$310,337</u>)

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1980

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Inventory

Inventory is stated at the lower of cost and net realizable value.

(b) Depreciation

Furniture and equipment purchased subsequent to January 1, 1979 are expensed when acquired.

Depreciation is provided on the straight line basis as follows:

Building	-	40 years
Building improvements	-	5 years
Furniture and equipment	-	10 years

(c) Revenue Recognition

Membership fees and subscriptions to the Journal are recognized as revenue in the year to which they apply. Grants are recognized as revenue when received.

2. FIXED ASSETS

	1980		1979	
	Cost	Accum. Depr'n.	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	1,376,435	168,723	1,207,712	1,242,123
Building improvements	49,132	5,402	43,730	10,804
Furniture and equipment	88,309	47,307	41,002	48,578
	<u>\$1,596,791</u>	<u>\$221,432</u>	<u>\$1,375,359</u>	<u>\$1,384,420</u>

3. LONG TERM DEBT

	1980	1979
Mortgage	\$459,729	\$465,973
Current portion	6,000	6,618
	<u>\$453,729</u>	<u>\$459,355</u>

The mortgage is renewable annually and currently bears interest at 13.25% per annum.

CANADIAN DENTAL ASSOCIATION
SCHEDULE OF FEE REVENUE
FOR THE YEAR ENDED DECEMBER 31, 1980

	1980		1979
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Active and affiliate	\$ 967,625	\$ 985,565	\$707,030
Associate	5,000	7,050	4,585
Student	20,000	19,537	20,830
Corporate	125,000	129,904	104,412
D.A.T. Program	54,000	70,600	53,500
Accreditation Program	34,000	25,150	38,850
	<u>\$1,205,625</u>	<u>\$1,237,806</u>	<u>\$929,207</u>

SCHEDULE OF GENERAL AND ADMINISTRATION EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 1980

	1980		1979
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Office equipment	\$ 30,000	\$ 18,808	\$ 21,947
Insurance	7,000	9,957	7,581
Stationery and supplies	18,000	13,829	17,467
Postage	25,000	22,390	20,373
Shipping and delivery	5,500	8,887	5,386
Telephone	25,000	25,159	25,190
Translation	8,000	9,148	5,933
Data processing	28,000	29,315	29,296
Printing	30,000	37,579	56,105
Professional fees	28,500	33,990	44,883
Grants	7,700	10,840	6,648
Press clippings	2,000	974	735
General	12,000	24,693	22,820
	<u>\$ 226,700</u>	<u>\$ 245,569</u>	<u>\$264,364</u>

CANADIAN DENTAL ASSOCIATION
SCHEDULE OF JOURNAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 1980

	1980		1979
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Agency commission	\$ 27,000	\$ 36,836	\$ 23,844
Salaries and benefits	42,550	42,020	44,049
Printing	180,000	172,528	139,588
Shipping	6,000	11,648	5,246
Postage	36,000	37,406	27,730
Travel	3,500	1,745	2,779
Translation	5,000	5,612	4,166
Sundry	2,500	2,677	1,974
Brokerage	500	195	135
Promotion	2,000	1,061	1,805
Reprints	1,500	6,371	1,688
Scientific editors	11,000	9,860	10,981
Telephone	1,500	2,172	1,662
Bad debts	-	4,463	-
	<u>\$319,050</u>	<u>\$334,594</u>	<u>\$265,647</u>

SCHEDULE OF OTHER PUBLICATIONS EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 1980

	1980		1979
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Bad debts	\$ -	\$ -	\$ 7,613
Pamphlet printing	35,000	27,203	19,212
Film distribution program	2,000	3,080	1,775
Newsletter	15,000	12,206	14,333
	<u>\$ 52,000</u>	<u>\$ 42,489</u>	<u>\$ 42,933</u>

CANADIAN DENTAL ASSOCIATION
 SCHEDULE OF TRAVEL AND MEETINGS EXPENSES
 FOR THE YEAR ENDED DECEMBER 31, 1980

	1980		1979
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Board of Governors	\$ 47,200	\$ 41,761	\$ 36,850
Executive Council	85,000	91,814	84,928
Council on Dental Materials and Devices	7,500	6,750	7,532
Council on Education	15,000	23,824	14,357
Council on Ethics	3,000	3,895	-
Council on Health Care	8,500	14,920	10,384
Council on Hospital Services	4,500	4,818	4,898
Council on Student Affairs	7,500	8,390	8,356
Council on Information Services	5,000	4,256	4,335
Council on Constitution and By-laws	1,500	-	-
	184,700	200,428	171,640
Staff travel	33,500	26,379	44,862
Presidents' and Chief Executive Officers' meeting	1,000	4,487	1,810
	<u>\$219,200</u>	<u>\$231,294</u>	<u>\$218,312</u>

L'ASSOCIATION DENTAIRE CANADIENNE

ETATS FINANCIERS

LE 31 DECEMBRE 1980

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

ELDREN E. MCCONNELL, C.A.
J. DOUGLAS KERR, C.A.
JOHN W. FRANKLIN, C.A.
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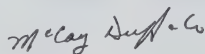
RAPPORT DES VERIFICATEURS

Aux membres de
L'Association dentaire canadienne.

Nous avons vérifié le bilan de l'Association dentaire canadienne au 31 décembre 1980 ainsi que l'état des résultats, l'état des bénéfices non répartis, les états des résultats et du surplus des fonds en fiducie pour la bibliothèque et le fonds "Grieve Memorial Lectureship" et l'état de l'évolution de la situation financière de l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de la compagnie au 31 décembre 1980 ainsi que les résultats de son exploitation et l'évolution de sa situation financière pour l'exercice terminé à cette date selon les principes comptables généralement reconnus, appliqués de la même manière qu'au cours de l'exercice précédent.

Les chiffres correspondants étant basés sur des états financiers préparés par d'autres vérificateurs, nous n'exprimons pas d'opinion sur ceux-ci.



Comptables agréés.

Ottawa, Ontario,
le 15 janvier 1981.

L'ASSOCIATION DENTAIRE CANADIENNE

BILAN

AU 31 DECEMBRE 1980

ACTIF	1980	1979
ACTIF A COURT TERME		
Encaisse	\$ 91,937	\$ 44,410
Certificats de dépôt	150,000	-
Comptes débiteurs	101,795	75,582
Stocks (note 1)	31,973	18,613
Frais payés d'avance	17,173	25,670
	<u>392,878</u>	<u>164,275</u>
ACTIF IMMOBILISE (notes 1 et 2)	1,375,359	1,384,420
	<u>1,768,237</u>	<u>1,548,695</u>

ACTIFS DU FONDS EN FIDUCIE

Encaisse	53,481	44,745
Certificats de dépôt	5,343	5,343
Comptes débiteurs	26	1,920
Payable à l'Association dentaire canadienne	847	5,207
Livres de la bibliothèque et mobilier (coût moins amortissement de \$29,423)	3,339	3,136
	<u>63,036</u>	<u>60,351</u>
	<u>\$1,831,273</u>	<u>\$1,609,046</u>

PASSIF

PASSIF A COURT TERME		
Comptes créditeurs	\$ 73,255	\$ 105,377
Revenu reporté	574,444	357,410
Payable aux fonds en fiducie	847	5,207
Partie courante de la dette à long terme	6,000	6,618
	<u>654,546</u>	<u>474,612</u>
DETTE A LONG TERME (note 3)	453,729	459,355

SURPLUS

SURPLUS	659,962	614,728
	<u>1,768,237</u>	<u>1,548,695</u>

PASSIFS DU FONDS EN FIDUCIE

Comptes créditeurs	300	750
Fonds en fiducie pour la bibliothèque	56,666	53,536
Le fonds "Grieve Memorial Lectureship"	6,070	6,065
	<u>63,036</u>	<u>60,351</u>
	<u>\$1,831,273</u>	<u>\$1,609,046</u>

Au nom du conseil d'administration:

Président	Directeur exécutif
McKay, Duff & Company, Chartered Accountants	

L'ASSOCIATION DENTAIRE CANADIENNE

ETAT DES RESULTATS ET DU SURPLUS

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	1980		1979
	Budget	Réel	Réel
REVENUS			
Cotisations	\$1,205,625	\$1,237,806	\$ 929,207
Dons	28,500	44,326	23,524
Publicité	212,700	285,120	196,397
Publications	25,000	40,594	32,694
Intérêts	16,000	19,754	25,084
Location	104,000	107,021	87,898
Autre	12,500	17,403	11,111
	<u>1,604,325</u>	<u>1,752,024</u>	<u>1,305,915</u>
CHARGES			
Honoraires et indemnités quotidiennes	150,000	155,145	156,339
Salaires et avantages	420,000	408,764	393,767
Frais généraux et administratifs	226,700	245,569	264,364
Conférences	22,500	30,946	15,300
Journal	319,050	334,594	265,647
Autres publications	52,000	42,489	42,933
Frais de voyage et réunions	219,200	231,294	218,312
Gestion d'immeubles	212,240	194,217	172,166
Le mois de la santé dentaire	12,000	13,510	10,419
Les visites d'agrément	19,200	24,275	31,048
Le programme du test d'aptitudes dentaires	32,600	25,487	29,660
	<u>1,685,490</u>	<u>1,706,790</u>	<u>1,599,955</u>
EXCEDANT DES REVENUS SUR LES CHARGES (CHARGES SUR LES REVENUS) POUR L'EXERCICE	(81,165)	45,234	(294,040)
Surplus au début de l'exercice	<u>614,728</u>	<u>614,728</u>	<u>908,768</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$ 533,563</u>	<u>\$ 659,962</u>	<u>\$ 614,728</u>

L'ASSOCIATION DENTAIRE CANADIENNE
FONDS EN FIDUCIE POUR LA BIBLIOTHEQUE
ETAT DES RESULTATS ET DU SURPLUS
POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	<u>1980</u>	<u>1979</u>
REVENUS		
Intérêts	\$ 4,760	\$ 3,637
CHARGES		
Reliure	164	93
Amortissement	774	529
Abonnements	<u>692</u>	<u>162</u>
	<u>1,630</u>	<u>784</u>
EXCEDANT DES REVENUS SUR LES CHARGES POUR L'EXERCICE	3,130	2,853
Surplus au début de l'exercice	<u>53,536</u>	<u>50,683</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$56,666</u>	<u>\$53,536</u>

L'ASSOCIATION DENTAIRE CANADIENNE
 LE FONDS "GRIEVE MEMORIAL LECTURESHIP"
 ETAT DES RESULTATS ET DU SURPLUS
 POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	<u>1980</u>	<u>1979</u>
REVENUS		
Intérêts	\$ 305	\$ 300
CHARGES		
Don à la section des orthodontistes de l'Association dentaire canadienne	<u>300</u>	<u>300</u>
EXCEDANT DES REVENUS SUR LES CHARGES	5	-
Surplus au début de l'exercice	<u>6,065</u>	<u>6,065</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$6,070</u>	<u>\$6,065</u>

L'ASSOCIATION DENTAIRE CANADIENNE
 ETAT DE L'EVOLUTION DE LA SITUATION FINANCIERE
 POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	<u>1980</u>	<u>1979</u>
PROVENANCE DU FONDS DE ROULEMENT		
Opérations		
Excédant des revenus sur les charges pour l'exercice	\$ 45,234	\$ -
Item n'impliquant aucune sortie de fonds - amortissement	<u>44,688</u>	<u>-</u>
	89,922	-
UTILISATION DU FONDS DE ROULEMENT		
Opérations		
Excédant des charges sur les revenus pour l'exercice	-	294,040
Item n'impliquant aucune sortie de fonds - amortissement	<u>-</u>	<u>44,687</u>
	-	249,353
Acquisition d'actifs immobilisés	35,627	17,015
Versements sur dette a long terme	<u>5,626</u>	<u>7,712</u>
	<u>41,253</u>	<u>274,080</u>
AUGMENTATION (DIMINUTION) DU FONDS DE ROULEMENT	48,669	(274,080)
Fonds de roulement (déficitaire) au début de l'exercice	(310,337)	(36,257)
FONDS DE ROULEMENT (DEFICITAIRE) A LA FIN DE L'EXERCICE	(<u>\$261,668</u>)	(<u>\$310,337</u>)

L'ASSOCIATION DENTAIRE CANADIENNE

NOTES SE RAPORTANT AUX ETATS FINANCIERS

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

1. PRINCIPALES CONVENTIONS COMPTABLES

(a) Stocks

Les stocks sont évalués au plus bas du prix coûtant et de la valeur nette probable de réalisation.

(b) Amortissement

Le mobilier et l'équipement acheté après le premier janvier 1979 est imputé aux résultats à l'achat.

L'actif immobilisé est amorti selon la méthode linéaire.

Immeubles	- 40 ans
Améliorations locatives	- 5 ans
Mobilier et équipement	- 10 ans

(c) Réalisation des revenus

Les cotisations et les abonnements sont imputés à l'année à laquelle ils se rapportent alors que les subventions sont imputées à l'année durant laquelle elles sont reçues.

2. ACTIF IMMOBILISE

	1980		1979	
	Coût	Amortissement Accumulé	Valeur Nette	Valeur Nette
Terrain	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Immeubles	1,376,435	168,723	1,207,712	1,242,123
Améliorations locatives	49,132	5,402	43,730	10,804
Mobilier et équipement	88,309	47,307	41,002	48,578
	<u>\$1,596,791</u>	<u>\$221,432</u>	<u>\$1,375,359</u>	<u>\$1,384,420</u>

3. DETTE A LONG TERME

	1980	1979
Hypothèque	\$ 459,729	\$ 465,973
Partie courante de la dette à long terme	6,000	6,618
	<u>\$ 459,729</u>	<u>\$ 459,355</u>

L'hypothèque est renégociable à chaque année le taux d'intérêt est actuellement de 13.25% par année.

L'ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES COTISATION

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	1980		1979
	Budget	Réel	Réel
Membres actifs et affiliés	\$ 967,625	\$ 985,565	\$707,030
Membres associés	5,000	7,050	4,585
Etudiant	20,000	19,537	20,830
Membres corporatifs	125,000	129,904	104,412
Le programme du test d'aptitudes dentaires	54,000	70,600	53,500
Le programme d'agrément	34,000	25,150	38,850
	<u>\$1,205,625</u>	<u>\$1,237,806</u>	<u>\$929,207</u>

TABLEAU DES FRAIS GENERAUX ET ADMINISTRATIFS

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	1980		1979
	Budget	Réel	Réel
Equipement de bureau	\$ 30,000	\$ 18,808	\$ 21,947
Assurances	7,000	9,957	7,581
Fournitures et papeterie	18,000	13,829	17,467
Timbres	25,000	22,390	20,373
Livraison et expédition	5,500	8,887	5,386
Téléphone	25,000	25,159	25,190
Traduction	8,000	9,148	5,933
Traitement des données	28,000	29,315	29,296
Impression	30,000	37,579	56,105
Honoraires professionnels	28,500	33,990	44,883
Subventions	7,700	10,840	6,648
Coupures de journaux	2,000	974	735
Général	12,000	24,693	22,820
	<u>\$ 226,700</u>	<u>\$ 245,569</u>	<u>\$264,364</u>

L'ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES FRAIS DU JOURNAL

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	1980		1979
	Budget	Réel	Réel
Commission à l'agence	\$ 27,000	\$ 36,836	\$ 23,844
Salaires et avantages	42,550	42,020	44,049
Impression	180,000	172,528	139,588
Expédition	6,000	11,648	5,246
Timbres	36,000	37,406	27,730
Frais de voyage	3,500	1,745	2,779
Traduction	5,000	5,612	4,166
Divers	2,500	2,677	1,974
Frais de courtage	500	195	135
Publicité	2,000	1,061	1,805
Réimpression	1,500	6,371	1,688
Editeurs scientifiques	11,000	9,860	10,981
Téléphone	1,500	2,172	1,662
Mauvaises créances	-	4,463	-
	<u>\$319,050</u>	<u>\$334,594</u>	<u>\$265,647</u>

TABLEAU DES FRAIS DES AUTRES PUBLICATIONS

POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	1980		1979
	Budget	Réel	Réel
Mauvaises créances	\$ -	\$ -	\$ 7,613
Impression - feuillets	35,000	27,203	19,212
Programme de distribution de films	2,000	3,080	1,775
Lettre d'information	15,000	12,206	14,333
	<u>\$ 52,000</u>	<u>\$ 42,489</u>	<u>\$ 42,933</u>

L'ASSOCIATION DENTAIRE CANADIENNE
TABLEAU DES FRAIS DE VOYAGE ET DE REUNION
POUR L'EXERCICE SE TERMINANT LE 31 DECEMBRE 1980

	1980		1979
	Budget	Réel	Réel
Bureau des gouverneurs	47,200	41,761	36,850
Conseil exécutif	85,000	91,814	84,928
Conseil des matériaux et appareils dentaires	7,500	6,750	7,532
Conseil d'éducation	15,000	23,824	14,357
Conseil d'éthique	3,000	3,895	-
Conseil de la santé	8,500	14,920	10,384
Conseil des services hospitaliers	4,500	4,818	4,898
Conseil des affaires étudiantes	7,500	8,390	8,356
Conseil d'information	5,000	4,256	4,335
Conseil des statuts et règlements	1,500	-	-
	184,700	200,428	171,640
Frais de voyage du personnel	33,500	26,379	44,862
Rencontre des présidents et des officiers en chef	1,000	4,487	1,810
	<u>\$219,200</u>	<u>\$231,294</u>	<u>\$218,312</u>

REPORT OF THE MEMBERSHIP COMMITTEE

Dr. Clyde Covit

CDA Membership Chairman

MEMBERS

Dr. Clyde Covit, Chairman
Mr. Hubert Drouin, Executive Director
Miss Ann Hammell, Director of Communications
Mrs. Jean Scrimger, Business Manager

1. Following the last report to the Executive Council November 28-29, 1980 the Membership Committee has met once, January 7, 1981.

2. Campaign Report

To January 30, 1981 there have been four mailings in the present membership campaign. The first, to Ontario and Québec dentists November 5, 1980 contained the CDA membership brochure and the first invoice. The second, November 12, 1980 was to the dental profession Canada-wide and contained a letter from CDA President Dr. Gil Utas alerting the profession to the imposition of duties on imported dental materials as outlined in the October 28 Federal budget; and an update on the status of Institutional Advertising in North America. The 15 page report to the September Board of Governors on Institutional Advertising was also included. The third mailing to Ontario and Québec non-CDA dentists December 2, 1980 contained a letter from CDA President Dr. Utas to Federal Finance Minister Allan MacEachen concerning the tariff on imported dental materials and a covering letter from the Membership Chairman spelling out the financial implications as it relates to the approximate 20 million dollars of dental materials imported into Canada. This mailing contained the second invoice. The fourth mailing January 30, 1981 contained a letter from the CDA Executive Director to Ontario and Québec non-CDA dentists outlining the continuing lobbying action by the CDA Executive on imported dental materials, their actions on alternate delivery systems and dental manpower. This mailing contained the third invoice.

The cover theme for the January 1981 edition of the CDA Journal is membership, with the membership brochure detailing CDA activities past and present appearing as an insert immediately following the cover page. The editorial, written by CDA President Dr. Gil Utas is directed toward membership and entitled "Dental Manpower - The Challenge of the 80's". The Chairman of the Membership Committee is interviewed by the editor of the Journal concerning membership for an article entitled "CDA Looks To 1981".

An article on membership written by the CDA Membership Chairman will appear in the February edition of Ontario Dentist the monthly Journal of the Ontario Dental Association and a similar article will appear in English in ...Dent pour dent, the publication of the Association des chirurgiens dentistes du Québec in its next edition and in French in the following edition.

Statistics for the campaign to date were reviewed and the appended updated figures to January 28, 1981 are presented for your information.

Appendix A

In 1979 with membership fees at \$90.00 for active and affiliate members; \$35.00 for associate members and no charge for life members, CDA had 2,811 CDA members in Ontario and 1,507 in Québec.

Appendix B

In 1980 with membership fees at \$125.00 for active and affiliate members; \$50.00 for associate members and no charge for life members, CDA had 2,945 members in Ontario, 2,742 of whom were licensed and 1,454 members in Québec, 1,420 of whom were licensed. CDA membership represented 64 per cent of the licensed dentists in Ontario and 57 per cent of the licensed dentists in Québec.

In 1981 with membership fees at \$200.00 for active and affiliate members; \$50.00 for associate members and no charge for life members, (although for this report life members are not included) CDA presently has 2,362 members in Ontario and 1,059 in Québec as compared to 2,451 members in Ontario and 1,151 in Québec in the same campaign period time frame in 1980.

The chart of the daily total clearly indicates the impact of the mailings. This material will of course be kept for yearly comparison and strategy.

Appendix C

Following a review of the campaign in late February, a telephone blitz will take place at that time or early March and visits to local societies will be initiated if deemed necessary.

At the time of the Membership Committee Meeting, the statistics clearly showed that CDA membership was ahead compared to the same time period last year. It's hoped this trend will continue to campaign termination at the end of March in order to be in line with the budget projections for 1981.

3. Further to the following Manitoba Dental Association Board motion:

- "Whereas the MDA has reaffirmed its support for the CDA; and
- Whereas the MDA does have serious concerns about the financial stability of the CDA; and
- Whereas the MDA has concerns regarding the priority and relevance of the CDA Programs;
- Therefore the MDA hereby gives notice to the CDA, that a review of our continued Membership in the CDA as a condition of licensure will be conducted during 1981 to determine our future relationship with CDA."

CDA provided the MDA with membership brochures to cover its members and they were circulated with the above notice of motion in Manitoba.

It is noted however with the presence of Dr. Utas and Mr. Drouin at the MDA annual meeting February 5, 1981, an excellent opportunity is provided to inform the membership about CDA's sponsorship of the upcoming meeting on Priorities, and of the financial stability of the national organization.

4. As part of the ongoing membership campaign, CDA will set up a booth at conventions on a regional basis in Ontario, Québec, the West and the Atlantic Provinces and whenever possible, will try to share the booth facilities with CDSPI.

This approach will be used at the annual meeting of the Manitoba Dental Association February 6 and 7, 1981 in Winnipeg and the booth will be shared with CDSPI.

5. The terms of Reference for Certificates of Merit, Honorary Membership and Distinguished Service Awards were reviewed and amended as per the appended terms of reference.

Appendix D

A list of CDA Honorary Members and Distinguished Service Award recipients has been prepared and staff has compiled a list of those receiving Certificates of Merit. These will be updated and presented on an annual basis.

6. A letter soliciting nominations for Honorary Membership in CDA will be sent to all CDA Corporate members by the Executive Director in February.

Appendix E

APPENDIX III
Appendix A

1981 MEMBERSHIP
RETURNS TO DATE
JANUARY 28, 1981

	ONTARIO	QUEBEC	OTHER	TOTAL
ACTIVE	2,271	958	7	3,236
AFFILIATE	50	74	2	126
ASSOCIATE	41	27	43	111
1981 TOTALS	<u>2,362</u>	<u>1,059</u>	<u>52</u>	<u>3,473</u>
<u>AT 12.5 WEEKS</u>				

MEMBERSHIP REPORTED
AT 12.5 WEEKS

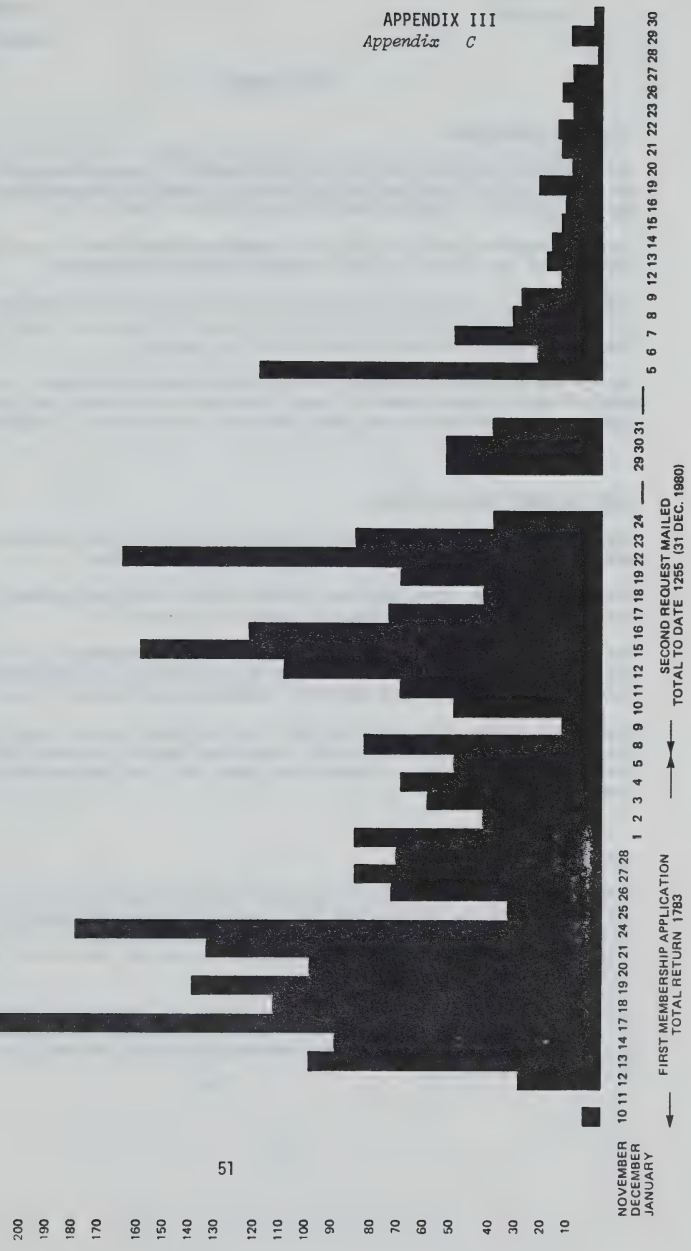
ACTIVE	2,422	1,128	3,550
ASSOCIATE	29	23	52
1980 TOTALS	<u>2,451</u>	<u>1,151</u>	<u>3,602</u>

APPENDIX III
Appendix B

CANADIAN DENTAL ASSOCIATION
MEMBERSHIP STATISTICS

	1980 <u>TOTAL MEMBERS</u>	1980 <u>NO. LICENSED</u>	1979 <u>TOTAL MEMBERS</u>
<u>ONTARIO</u>			
ACTIVE	2,591	2,591	2,591
AFFILIATE	44	44	48
ASSOCIATE	38	22	39
LIFE	<u>272</u>	<u>85</u>	<u>133</u>
TOTALS	<u>2,945</u>	<u>2,742</u>	<u>2,811</u>
LICENSED DENTISTS IN ONTARIO	4,256	4,256	
% BELONGING TO CDA	69%	64%	
<u>QUEBEC</u>			
ACTIVE	1,344	1,344	1,216
AFFILIATE	-	-	178
ASSOCIATE	23	14	26
LIFE	<u>87</u>	<u>62</u>	<u>87</u>
TOTALS	<u>1,454</u>	<u>1,420</u>	<u>1,507</u>
LICENSED DENTISTS IN QUEBEC	2,469	2,469	
% BELONGING TO CDA	59%	58%	

APPENDIX III
Appendix C



CDA Awards

Honorary Membership

This shall be the Association's highest award. It may be conferred on persons deemed to have rendered exceptional constructive services nationally and/or internationally in any field of dentistry.

Honorary members shall be elected by the Executive Council from candidates proposed to the Council by the Corporate Members and the CDA.

The Award shall consist of an honorary membership scroll conferred by the President of the Association or his designate at the annual meeting of the Association or otherwise as directed by Council.

Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. An award each year shall not be considered a requirement.

Distinguished Service Award

The Association's "Distinguished Service Award" shall be conferred on those who have rendered outstanding service to the Association.

Recipients of the "Distinguished Service Award" shall be elected by the Executive Council from candidates proposed to Council.

The Award shall consist of a wall plaque suitably inscribed, presented to the recipient by the President of the Association or his designate at the annual meeting of the Association or otherwise as directed by Council.

Due to the distinctive nature of the Distinguished Service Award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. An award each year shall not be considered a requirement.

Certificate of Merit

A "Certificate of Merit" shall be given to all members of the Association who have served the Association for a minimum term of one year as a member of the Board of Governors, a Council member, or as a member of a committee of a Council and whose term in the respective area of service is deemed to be completed.

Recipients of the "Certificate of Merit" shall be proposed by the chairman of the Nominations Committee (Immediate Past President) for approval by the Executive Council at the first meeting of Council following an annual meeting and convention.

APPENDIX III

The award shall consist of a suitably inscribed certificate which identifies the appropriate area of service. The certificates shall be mailed to the recipients as soon as possible, following the completion of their terms of office.

APPENDIX III

Appendix E

MEMO TO: All CDA Corporate Members
FROM: H.E. Drouin - Executive Director
DATE: February 8, 1981
SUBJECT: Nominations for Honorary Membership
In the Canadian Dental Association

I have been directed by the Executive Council to request from each corporate body the name of one individual whom they wish to nominate for Honorary Membership in the Canadian Dental Association.

The position of Honorary Membership in the CDA is defined as follows:

"This is the Association's highest award.
It may be conferred on persons deemed to
have rendered exceptional constructive
services nationally and/or internationally
in any field of dentistry."

Each corporate member is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being nominated.

It is drawn to your attention that any previously submitted names may be resubmitted with the appropriate accompanying data.

Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year.

As you are aware, all honorary memberships are designated by the Executive Council and presented at the CDA annual meeting. Thus, it would be appreciated if you would submit your recommendation for honorary membership care of my attention no later than April 25, 1981.

Thank you.

APPENDIX III

Appendix F

CANADIAN DENTAL ASSOCIATION

LIFE MEMBERSHIP APPLICATIONS

The following Dentists have applied for Life Membership:

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRADUATION</u>	<u>DATE OF BIRTH</u>
Dr. Robert BROWN	ONT.	1940	January 19, 1917
Dr. George Ross COVEY	ONT.	1941	March 26, 1919
Dr. Frank A. SMITH	B.C.	1934	August 23, 1908
Dr. R.B. CAMPBELL	ALTA.	1941	March 16, 1915
Dr. A. LAPIN	QUE.	1933	October 6, 1907
Dr. Zack KASLOFF	U.S.A.	1939	October 18, 1915
Dr. Gordon BEESLEY	SASK.	1932	June 22, 1909
Dr. Alan DAYSMITH	ALTA.	1950	April 29, 1915

ASSOCIATE MEMBERSHIP APPLICATIONS

The following Dentists have applied for Associate Membership due to a return to Post Graduate Studies:

Dr. S. MONZINGO
 Dr. S.J. DIXON
 Dr. P.D. LAMANTIA
 Dr. L.G. HUTCHISON
 Dr. B. DENYAR
 Dr. J.D. AWDE
 Dr. G. LOVAS
 Dr. Ian WATSON
 Dr. Hermina RICHTER

The following Dentists have applied due to retirement or due to not having a Canadian license and practicing outside of Canada:

Dr. M.J. MACLOGHLIN	Dr. R.E. BOOKER
Dr. T.A. BRADLEY	Dr. Florent TERRIAULT
Dr. K.J. PAYNTER	Dr. P. BROTHMAN
Dr. J.C. CUMMINGS	Dr. Allen LEFTICK

STUDENT MEMBERSHIP, 1979 - 1981

<u>SCHOOL</u>	<u>YEAR</u>	<u>MEMBERSHIP FIGURES</u>	<u>PERCENTAGE</u>
British Columbia	1978-79	148 158	93%
	1979-80	154 156	98.7%
	1980-81	153 161	95%
Alberta	1978-79	187 197	94%
	1979-80	171 196	87.2%
	1980-81	182 193	94%
Saskatchewan	1978-79	96 96	100%
	1979-80	97 97	100%
	1980-81	110 110	100%
Manitoba	1978-79	115 128	89%
	1979-80	115 130	88.5%
	1980-81	102 115	88%
Western Ontario	1978-79	224 224	100%
	1979-80	223 224	99.5%
	1980-81	220 222	99%

APPENDIX III
Appendix G

SCHOOL	YEAR	MEMBERSHIP FIGURES		PERCENTAGE
Toronto	1978-79	494		97%
		508		
	1979-80	511		100%
		511		
1980-81		500		99%
		503		
McGill	1978-79	138		95%
		144		
	1979-80	151		96.2%
		157		
1980-81		157		98%
		160		
Montreal	1978-79	263		78%
		335		
	1979-80	268		80.5%
		333		
1980-81		275		79%
		344		
Laval	1978-79	93		95%
		97		
	1979-80	95		96.9%
		98		
1980-81		87		91%
		95		
Dalhousie	1978-79	89		92%
		96		
	1979-80	99		100%
		99		
1980-81		96		97%
		98		

<u>YEAR</u>	<u>MEMBERSHIP FIGURES</u>	<u>TOTAL</u>	<u>PERCENTAGE</u>
1978-79	1,847 1,983		93%
1979-80	1,884 2,001		94.1%
1980-81	1,882 2,001		93.9%

REPORT ON THE
EVALUATION OF STUDENT PROGRAMS

INTRODUCTION

The following report has been prepared to review CDA's student program and to formulate recommendations that will

- (1) introduce all Canadian dental students to the CDA;
- (2) obtain 100% student membership in the CDA;
- (3) enhance and expand CDA's profile at all ten Canadian faculties of dentistry;
- (4) prepare graduates for a full and active role in Association activities;
- (5) reaffirm and expand student knowledge of the CDA.

METHODOLOGY

The following areas and programs will be reviewed:

Existing Programs

- (1) The CDA Council on Student Affairs
- (2) The annual student membership drive
- (3) CDA's annual Welcome to the Profession receptions
- (4) The Graduate Package and graduate luncheon
- (5) The annual Canadian Dental Students' Conference

Suggested New Programs

- (1) A student award program
- (2) A student newsletter

EXISTING PROGRAMS

- (1) THE CDA COUNCIL ON STUDENT AFFAIRS

The CDA Council on Student Affairs presently consists of six representatives chosen on a staggered basis to serve a three-year term of office. Two representatives to the yearly Canadian Dental Students' Conference are elected by their peers to become members of the Council on Student Affairs. These two new representatives join four other representatives, selected during the past two years, thus forming a Council membership of six representatives

- two third year students
- two fourth year students
- two new graduates

APPENDIX IV

Student representatives to the NDEB, ACFD, Council on Education, American Student Dental Association, CDA Board and Conference Chairmanship are assigned internally with the exception of the latter two positions, which are delineated at the time of election to the Council.

Recommendation - It is suggested that the Canadian Dental Association would be better served by reviewing its present Council structure with the intent of investigating ways in which Council could be more representative of all Canadian dental faculties and thus, all Canadian dental students.

Under the present structure, however, it is possible to have only a maximum of four dental faculties represented on the Council at any one time. Two of the six representatives on Council are graduates who have no direct link with a dental faculty during their final year as a Council member.

It is also possible, to have one dental school represented twice on Council with many other faculties holding no Council representation at all.

Consideration could be given to expanding the Council to include one representative from every Canadian faculty of dentistry. In this way, CDA would have greater contact with students at all ten Canadian faculties of dentistry and could work directly with its Students' Council in formulating programs and policies of interest and benefit to both students and CDA alike.

The expansion of CDA's Student Council to include all dental schools and student representatives would also increase CDA's profile and input particularly at those dental faculties presently not represented on the CDA Council on Student Affairs and should involve no appreciable alteration in budget.

(2) THE ANNUAL STUDENT MEMBERSHIP DRIVE

Student membership in the CDA has increased from 55% (1975) to 93% (1980). High student participation can be attributed to the following factors:

- (1) an attractive student membership package;
- (2) the hard work and efforts of the CDA rep in promoting CDA's student membership;
- (3) eligibility through CDA student membership for an excellent graduate insurance package and free CDA membership after graduation;

APPENDIX IV

- (4) a high CDA profile at the dental faculties through CDA's sponsorship of various events such as the Welcome to the Profession reception;
- (5) the annual Canadian Dental Students' Conference.

Student membership materials are forwarded in bulk to the CDA reps for distribution to all dental students during the first few weeks of the academic year.

This approach to membership has worked extremely well. Student reps carry responsibility for the membership drive by being on site at the school to speak to their fellow students, answer questions and make referrals for further information.

Recommendation - It is suggested that CDA retain this format of information distribution with added emphasis on training representatives and disseminating information to them.

(3) CDA'S WELCOME TO THE PROFESSION RECEPTIONS

Since 1977, the CDA has conducted annual visitations to each Canadian dental faculty in conjunction with the sponsorship of a reception (luncheon) for dental students.

Assessment - Over the years, student response to this event has varied. At some faculties, attendance is high and CDA's "Welcome to the Profession" reception has become an annual student event. At other faculties, response has been poor (see appendix).

It would be incorrect to attribute high CDA student membership solely to the "Welcome to the Profession" receptions, since even at those faculties where attendance is low, student membership has been maintained at a relatively high level.

It would be fair to state, however, that CDA's annual visit to the faculties has -

- (1) enhanced and supported a program primarily actioned by the student reps;
- (2) reinforced, to the students, CDA's interest in dental students;

APPENDIX IV

- (3) provided students with additional information in excess of that provided in the brochure and through the reps with the intent of giving them a basic knowledge of the CDA which they will carry with them beyond their dental school years;
- (4) introduced them to contact people - CDA Governor, staff, insurance experts, etc. whom they can contact if the need arises.

Recommendations - In reviewing CDA's visit to the dental faculties, it would appear that in some instances, they do serve a purpose. The lecture/reception format presently in operation has worked well at some faculties and has become an entrenched part of the orientation process.

At other faculties, little interest is felt for a CDA visit and reception for dental students.

It is suggested that CDA, through its Council on Student Affairs, re-evaluate the cost effectiveness of the receptions and develop alternatives to the present approach, particularly at those faculties where student response is poor. Suggested alternatives include

- (1) replacement of the reception with a grad luncheon on an alternate basis
- (2) a CDA lecture and slide presentation held during classroom time;
- (3) co-sponsorship of an already existing student function.
- (4) the increased availability of CDA staff (Director of Student Affairs) during other times of the year for school visitations

The adoption of a formula approach however, is discouraged since different schools respond differently to CDA's visit. At some schools CDA's activities are closely linked to participation by the provincial association.

It is recommended, however, that a re-evaluation occur with a view toward possibly maintaining the receptions where they are a positive factor and developing alternatives to the present format where it is deemed expedient in light of cost and student response.

(4) THE GRADUATE PACKAGE AND GRADUATE DINNER

Commencing in 1980, all new graduates received a special package of information and list of CDA services as a means of familiarizing them with the CDA. In Ontario, CDA co-sponsored graduate luncheons at both the University of Toronto

and the University of Western Ontario.

Recommendations - This format has worked well in familiarizing students with the CDA and in creating a higher profile for the CDA in provinces where membership is voluntary.

The importance of developing an interesting, informative and useful package of information for all dental school graduates cannot be understated. Emphasis should be placed on the many benefits which new graduates receive through their support of the CDA and through their continued support of Association activities.

The graduate package and grad luncheon (where it is deemed necessary) are important vehicles in preparing graduates for a full and active role in Association activities.

(5) THE CANADIAN DENTAL STUDENTS' CONFERENCE

The Canadian Dental Students' Conference is an annual event held in the fall to familiarize student reps with the CDA and organized dentistry. It is held on site at a different Canadian dental faculty to encourage student knowledge and awareness of other faculties of dentistry and promote student body awareness of the CDA and its various activities.

The importance of the Student Conference cannot be understated for it prepares all CDA reps for their forthcoming role at the dental faculties by broadening their knowledge of all aspects of organized dentistry.

Recommendations - A restructuring of the present CDA Council on Student Affairs would, in essence, turn the Student Conference into the first yearly meeting of the CDA Council on Student Affairs.

With this in mind, consideration could be given to broadening the objectives of the Conference to include greater interaction between CDA and the dental student body on site at the dental faculty.

APPENDIX IV

SUGGESTED NEW PROGRAMS

(1) A STUDENT AWARDS PROGRAM

One means of enhancing CDA's profile at the dental faculties, would be through the sponsorship of an awards program at all Canadian faculties of dentistry.

Funds presently earmarked for various CDA social events could be redirected into an awards program.

A suggestion to consider would be the implementation of a CDA book award for one student in each year of dental study to be conferred at the annual awards dinner which is traditionally held by the Dean at most Canadian dental faculties. In this way, students at all dental faculties and in all years of study would be aware of the CDA award. The awards could be conferred by the CDA Governor or other CDA notables throughout the country.

Recognition of CDA's support of "academic excellence and all-round achievement" could be obtained through a promotion of the awards program in the CDA Journal and a plaque which is held at each school noting the names of recipients of CDA's book awards.

(2) A CDA STUDENT NEWSLETTER

The enhancement of CDA's profile to all dental students can only be achieved through the greater flow of information between CDA and its student bodies. One means of achieving this end is through the inclusion of all dental faculties on the CDA Council on Student Affairs. Another means is through an increased flow of information back to the students. One such vehicle would be a CDA student newsletter published by the Department of Student Affairs on a "needs-to-know" basis. Note: Comparable to CDA Communique.

Increased participation by all dental faculties at the Council level would expedite the development of a student newsletter geared towards all students at all faculties of dentistry.

APPENDIX IV

CONCLUSION

The above is a cursory evaluation of CDA's student program as it is presently structured with certain recommendations toward enhancing and highlighting CDA's profile at the dental faculties. All recommendations have been made with a view toward increasing CDA's exposure and broadening its decision making base to incorporate all dental schools and thus, all dental students.

Respectfully submitted,

Linda Teteruck,
Director of Student Affairs.

<u>DATE</u>	<u>SCHOOL</u>	<u>TIME</u>	<u>FORMAT</u>	<u>ATTENDANCE</u>	<u>BUDGETED COST</u>	<u>CDA STUDENT MEMBERSHIP</u>	
						<u>80-81</u>	<u>79-80</u>
Sept. 15/80	Montreal	6:00-7:30 p.m.	-Pizza & Beer -Faculty Lounge -Brief talk by H. Drouin C. Gallant Ordre	50% of student body	\$400	79%	80%
Sept. 16/80	McGill	5:00-5:30 p.m.	Lecture on CDA by L. Teteruck -C. Gallant -Ordre	All 1st & 2nd year students	\$400	98%	96%
		6:00-7:30 p.m.	Pizza & Beer -Brief talk by -L. Teteruck C. Gallant Asst. Dean	80% of student body			
Sept. 17/80	Western Ontario	4:00-4:30 p.m.	Lecture on CDA & ODA by -Dr. R. Evans Dr. B. Holmes	1st year only- 100%			
		4:30-6:00 p.m.	Reception -sandwiches beer coffee	All 4 years-80% attendance	\$500	99%	99%
Sept. 18/80	Toronto	4:30-5:00 p.m.	Lecture on CDA & ODA by -Dr. R. Moran Dr. B. Holmes	1st year only- 85%			
		5:00-5:45 p.m.	Reception -wine & cheese	1st year-60%	\$500	99%	100%

APPENDIX IV

DATE	SCHOOL	TIME	FORMAT	ATTENDANCE	BUDGETED COST	CDA STUDENT MEMBERSHIP	
						80-81	79-80
Sept. 29/80	Manitoba	12:30-1:15 p.m.	Lecture -Dr. R. Crawford -L. Teteruck	25% of total student body	\$300	88%	88%
		1:15-2:00 p.m.	Reception	25% of total student body			
Oct. 2/80	Saskatchewan	5:00-7:00 p.m.	Wine & Cheese Speeches by -Dr. J. Mackay -Dr. G. Peacock -Mr. C. Gallant	75% of total student body	\$350	100%	100%
Oct. 7/80	Alberta	1:00-2:00 p.m.	Classroom Lecture -L. Teteruck -Dr. McClelland, Pres. ADA	100% 1st year			
		5:00-7:00 p.m.	Wine & Cheese	50% of all 4 years	\$350	94%	87%
Oct. 9/80	British Columbia	12:30-1:30 p.m.	Lecture on CDA -L. Teteruck -C. Gallant	15% - 30% of total student body			
		7:00-10:00 p.m.	Reception -wine & cheese	30% of total student body	\$300	95%	98%
Oct. 20/80	Dalhousie	4:30-5:00 p.m.	Lecture on CDA -L. Teteruck	100% 1st year students			
			Reception/Meeting -Atlantic Provs. and CDA	70% all 4 years	\$300	97%	100%
Oct. 21/80	Laval	5:00-7:00 p.m.	Lecture on CDA -Dr. Laporte	60% - 70% of total student body			
			Reception		\$300	91%	96%

TAXATION COMMITTEE REPORT

Members: Dr. Robert Hicks, Chairman
Management Committee:
Dr. G. Utas
Dr. D. Williams
Dr. C. Covit

1. DUTY ON IMPORTED DENTAL MATERIALS

In the November 1980 Federal Budget presentation, a decision was made to reintroduce the application of duties on dental materials being imported into Canada. A Tariff Board Appeal Ruling in 1979 made imported dental materials duty-free, i.e. the Board's ruling, in effect, said that as the law was written imported dental materials should have qualified for duty-free status for many past years. During information communication with the Department of Finance, it was learned that the Department was not pleased with the Tariff Board ruling and therefore they successfully proceeded to influence government to enact a change to the law to ensure that imported dental materials were eligible for the application of duty.

The Taxation Committee prepared a presentation for the CDA President to use in his initial contact with the Minister of Finance. A copy of this letter together with information on this issue was distributed to the membership by the CDA President through direct mailing and the CDA Journal. Following a meeting with representatives of an Ottawa-based company, who were familiar with this issue and who assist associations and companies in presentations to the Federal Government, the Taxation Committee recommends to the Executive Council:

That the firm of Grey, Clark, Shih and Associates Limited be used as consultants to the CDA in our efforts to persuade the Dept. of Finance and the Federal Government to reinstitute the duty-free status of imported dental materials.

The adoption of the new status of Tariff Items 47810-1 and 47900-1 not only places duty on imported dental materials but also places duty on dental prosthetic appliances entering Canada that have been manufactured outside of Canada. The Commercial Dental Laboratory Conference (representing provincial dental laboratory associations) requested this change of status for dental prosthetic appliances in order to provide tariff protection for its industry in Canada. The Taxation Committee recommends to the Executive Council:

That the CDA support tariff protection for the dental laboratory industry and work closely with the Commercial Dental Laboratory Conference in our mutual efforts to separate the tariff treatment of dental prosthetic appliances from the tariff treatment of dental materials.

Taxation Committee Report - continued

1. Duty on Imported Dental Materials - continued

The Taxation Committee has been made aware that Johnson and Johnson Inc. was the major company requesting return of the duty application to imported dental materials. Johnson and Johnson argue that tariff policy such as the one affecting dental materials results in "investment in the country, the creation of new jobs, reduced balance of payments, a healthier economy as well as assurance of continuity of supply".

The Taxation Committee does not support the application of this statement to the dental material manufacturing industry in Canada in that the statement suggests significant improvement in job creation and the economic status within Canada. The Taxation Committee is of the opinion that the creation of new jobs and the impact on the Canadian economy by manufacturing dental materials in Canada will be infinitesimal in comparison to the magnitude of increased costs of dental services due to increased cost of dental materials protected by the application of duty. It is our opinion that multi-national companies such as Johnson and Johnson will be given a protected position in the Canadian dental supply market from foreign competition even if they established a token manufacturing or repackaging operation within Canada.

It is the Committee's recommendation to the Executive Council:

That the CDA prepare a response to Johnson and Johnson's "letter to the profession" outlining our differences of opinion with their corporate policy and that a copy of this letter be forwarded to our membership for their information.

With respect to our presentations to the Department of Finance, it is the Taxation Committee's recommendation to the Executive Council:

- a) that the CDA's position of supporting reinstatement of the duty-free status to imported dental materials be strongly presented to the Minister of Finance, the Minister of State for Finance and to the Department of Finance itself;
- b) that CDA's position of supporting the application of duty to imported dental prosthetic appliances be identified to the individuals mentioned in clause (a);
- c) that the CDA request support from the Commercial Dental Laboratory Conference and the Dental Industries Association of Canada on this issue;
- d) that the CDA acknowledge the letter received from the Minister of National Health and Welfare which states her acceptance of the fact that these tariff amendments could significantly add to the cost of basic dental services in Canada and that the CDA advise the Minister of all facts presented to the Department of Finance;

Duty on Imported Dental Materials ...continued

- e) that the membership of the CDA be provided with the facts and statements supporting CDA's position on this issue and that the membership be encouraged to express their concerns to their member of Parliament and the Ministers assigned to the Finance portfolio.

2. DUTY ON SPECIFIC DENTAL EQUIPMENT

The Taxation Committee has been frustrated on many occasions with the application of the duty on specific imported items of dental equipment. In particular is the requirement that duty is payable on dental operating lights if they are imported as a singular item to be attached to the ceiling or wall of a dental operatory but duty is not applied if the same type of light is attached or forms a part of a "dental unit". The rationale behind this decision is that ceiling or wall-mounted units are assumed to form part of the general illumination of the room. Needless to say, the Taxation Committee has little patience with this type of logic.

It is important that our presentation on duty-free status for dental materials not be clouded with other issues. However, the Taxation Committee does suggest that in discussions with the Department of Finance an opportunity to present additional items of concern be requested.

3. PROFESSIONAL INCORPORATION

The Taxation Committee has been monitoring the application of three British Columbia medical practices to incorporate under the Company's Act of B.C. in order to receive the taxation treatment given to all businesses incorporated under this Act. Revenue Canada has been approached for an advanced ruling on these three situations but to this date the Committee has not received information on Revenue Canada's decision.

In preparation of an acceptance from Revenue Canada of an incorporated status for these three medical practices, the Taxation Committee will be requesting each Corporate Member for information regarding the availability of dental practitioners to incorporate under each Provincial Dental Act via the Company's Act route.

4. REGISTERED RETIREMENT SAVINGS

The Taxation Committee provided a report for the CDA Journal which outlined the portions of the budget which affected dental practices and also highlighted areas which left present tax situations intact for dentists.

Registered Retirement Savings - continued

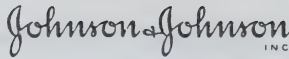
One of the major concerns of Canadian dentists is that no change has occurred to the amount of tax sheltered annual contributions to registered retirement savings permissible during the past years of significant inflation. Media comments prior to the November 1980 budget presentation suggested that the Federal Government may decrease the annual amount permissible for deduction from net income.

With the Federal Government's reluctance to increase RRSP contribution levels and with the suggestion that contribution levels may decrease, the Taxation Committee recommends:

That a meeting with representative of the Canadian Dental Association, Canadian Medical Association, Canadian Institute of Chartered Accountants, and the Canadian Bar Association be arranged by the Canadian Dental Association to explore alternative avenues to provide better access for Canadian professionals to contribute to pension funds or retirement savings programs with pre-tax dollars.

Respectfully submitted,

Dr. Robert Hicks,
Chairman
Taxation Committee



2155 BOULEVARD PIE IX
MONTREAL, QUE. H1V 2E4
TELEX 05-828745

January 20, 1981

Dear Doctor:

It has come to our attention that many dentists are under the impression that Johnson & Johnson Inc., has asked the Canadian Government to have the duty rates on dental products increased.

We wish to present you with all the facts as they apply to the recent change to tariff item 47810-1 and item 47900-1.

For as long as we can remember, the Canadian Government has imposed duty on dental materials imported into this country. This policy, which is not unique to dental materials but prevalent in a number of areas, is designed to provide an incentive for manufacturers to produce goods locally. The net result of this policy is investment in the country, the creation of new jobs, reduced balance of payments, a healthier economy as well as assurance of continuity of supply.

Tariff policies are not exclusive to Canada and are applied by most countries in the world for the same reasons as mentioned above. When Canadian companies attempt to export dental materials into the U.S.A. or any other country, they are faced with import tariffs.

Johnson & Johnson Inc., has a corporate policy to manufacture locally, whenever possible. It is for this reason that since 1975, we have made substantial investment in the manufacturing of dental amalgam and other selected products in Canada. We expect to continue investing along the same lines in the years to come as we know that over the medium and long term, this is beneficial to our customers.

Producing locally has another major advantage which is price; for example, if we compare prices of the different amalgams on the Canadian market, it becomes quite evident that the Johnson & Johnson product compares favourably with major competitive brands.

January 20, 1981

Page 2.

This preamble is only intended to serve as background to say that we have not asked the Federal Government to impose additional duties on dental products imported into this country, but together with other manufacturers and distributors have merely asked that the tariff be reinstated, as previously applicable.

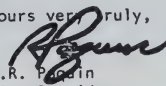
Further to tariff board appeal no: 177, the facts are that on November 9, 1979, Revenue-Canada, Customs and Excise, found it necessary to change their policy regarding the application of tariff item 47810-1, thereby automatically affecting tariff item 47900-1. This new policy removed the incentive for Canadian production together with its medium and long term benefits. Johnson & Johnson Inc., along with other manufacturers and distributors requested a review of this ruling.

Presently, few manufacturers produce dental products in Canada. JOHNSON & JOHNSON INC., is one of the exceptions to the rule, having invested substantial sums of money in the process; any other manufacturers wanting to participate in the growth of the country can do the same. Unfortunately, if you research the subject, you will see that most dental products purchased by Canadian Dentists are products which are being imported as finished products.

Over the last ten years, Doctor, JOHNSON & JOHNSON INC., has made a commitment to the dental profession in Canada by increasing its local production; we will continue to do so because we believe it is in the best interest of Canada, as well as the dental profession.

Please do not hesitate to contact me if further information is required.

Yours very truly,


G.R. Ford
Vice President
Dental Division
/mmt.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

February 27, 1981

Dear colleague:

On January 20 Johnson & Johnson Inc. undertook a general mailing to explain their position on the recent increase in duties on certain dental materials. Their letter is a good public relations effort but it does not present a full account of the facts, as we understand them.

In their letter, Johnson & Johnson state categorically that they "have not asked the Federal Government to impose additional duties on dental products imported into this country, but together with other manufacturers and distributors have merely asked that the tariff be re-instated, as previously applicable."

The facts of the matter are:

1. Prior to November 9, 1979 Customs collected duties on dental materials because they considered that the words "surgery" and "surgical prosthesis" in tariff item 47810-1 did not include dental surgery or dental surgical prosthesis.
2. The Tariff Board (Appeal 1377) ruled that the term surgery did include dental surgery and that "other surgical prosthesis" included dental prosthesis. The Tariff Board found that Customs administration had been in error for many years. Their ruling meant that no duties were payable in accordance with the law as it was written.
3. Johnson & Johnson Canada applied to the Department of Finance to have duties introduced on amalgams and other dental materials at the levels which Customs had been collecting in error. While the Dental Laboratories Conference did complain about the fact that duties would be removed from finished prosthesis, they did not ask that duties be imposed on dental materials. Indeed, when the Conference determined that removal of duty free treatment for dental prosthesis would mean the consequent elimination under tariff item 47900-1 of duty free treatment for dental materials, they withdrew their request.
4. Officials of the Department of Finance have advised us that Johnson & Johnson were the main petitioners.
5. In order to impose duties the wording of tariff item 47810-1 was amended by the Budget to specifically exclude dental surgical prosthesis and materials used in dental surgery. This confirms our understanding that Johnson & Johnson was seeking the imposition of duties.

The Canadian Dental Association was not consulted about this change prior to its inclusion in the Budget.

6. Johnson & Johnson have referred to their desire to manufacture in Canada. In fact their production of amalgams, the main product in question, is very limited in Canada. They only employ a small number of Canadians in producing amalgams. They import considerable quantities of amalgam from their USA parent company in bulk for packaging and resale in Canada. It is clear that the existence of a 14.7 per cent duty on imports must have an impact on prices.
7. Johnson & Johnson is a multinational company. Tariffs do play a major role in their decision making process as do other forms of government assistance.

In drawing these facts to your attention we wanted to make you aware that, because of a government decision apparently prompted in part by Johnson & Johnson, you are paying higher prices for those amalgams and other dental materials which you import.

We have taken up this matter with the Minister of State in the Department of Finance, the Honourable Pierre Bussières and will be continuing to press him for duty free entry. We have found the Minister of Health and Welfare, the Honourable Monique Bégin, quite helpful and will seek the support of the Honourable André Ouellet, Minister of Consumer and Corporate Affairs.

We have a situation where 11,000 dentists are being charged higher prices for materials, which must be passed on to millions of patients who are already concerned about the cost of dental care. We trust this information will assist in giving a clearer understanding of this situation.

Please support our efforts on your behalf by writing to Mr. Bussières, Madame Bégin and Mr. Ouellet and your Members of Parliament to express your strong concern about this problem.

Yours truly



Gilbert Utas, D.D.S.
President

GU:lb

CDA ANNUAL CONVENTION PROTOCOL

The preparation of a convention or conference which attracts 1,000 delegates is an undertaking of enormous proportions which requires extensive planning and coordination. In order to provide a proper organizing committee to address such a major project on an annual basis, the following recommendations are proposed.

Structure (The Convention Committee is a Committee of the Executive Council)

Organizing Convention Committee:

- Chairman - appointed by CDA from host province - 3 years (This will afford continuity prior to, during and following the Conference)
- Member - Local Arrangements and Social Programs
- Member - Scientific Programs - appointed annually (renewable 3 times)
- Member - Past-Chairman
- Member - Chairman - Conference to Follow
- Representatives - from each Specialty Section
 - CDHA
 - CDNAA
 - Dental Industry Association
 - RCD(C)

Staff Support:

- CDA - Executive Director
 - Director of Conference
- Provincial Association - Executive Director

It is intended that the Organizing Committee, comprised of the five members of the Convention Committee and representatives from the various Sections of CDA and other affiliate groups (as indicated above) will meet on at least one occasion to formulate policy regarding the overall theme, registration fees, refund policies, honoraria, social events, scientific programs, and to set the budget.

Following this initial meeting, which should be held at CDA headquarters, subsequent meetings will be held by the Convention Committee in the host city on at least two additional occasions prior to the actual conference to consolidate their activities.

The success of these meetings will depend largely on the work and preparation of each committee member between these meetings, and the support of the staffs of the two participating associations.

Responsibilities

Accordingly, the following responsibilities will be assigned to support staff to carry out and to report progress on, at each subsequent committee meeting. In the near future, CDA will be appointing a senior staff member to assist the general chairman and the overall committee. This individual will coordinate the exhibits, printing and publicity, and registration and housing. Previously these functions were assigned to different persons every year, creating a lack of continuity and great difficulties in achieving cost-effective budget controls.

In addition, the CDA staff will work with the staff of the host Association in the implementation of the above-mentioned tasks.

A member will be appointed by CDA on the recommendation of the host Association and shall be responsible for the coordination of local arrangements and social programs. This will include the spouses' program, organized luncheons and dinners, tours and transportation, and special events.

The member of the Convention Committee responsible for the development of the Scientific programs will consult with the various Sections and Groups of the Association. The consultation will be facilitated by the attendance of these groups at the first meeting of the Organizing Committee. Consultations should also be held with the host Association and Convention Chairman.

Meeting Format

A possible general format under consideration which is utilized by several major organizations is the plenary session, featuring a key-note speaker. This is usually followed by break-out meetings or concurrent sessions during which several presentations may be made by participating groups such as the Specialty Sections of the CDA. The existing protocol detailing the timing of the Board of Governors meeting and receptions will be integrated with a similar format, as outlined previously.

It is also recommended that the new format include an Official Opening of the Dental Trade Show on the Sunday during registration of delegates and to allow sufficient time during the Convention to visit the exhibits.

Per Diem

The Chairman of this Committee is eligible for per diem plus expenses for authorized meetings of the Convention Committee, while other Committee members are eligible for travel, accommodation and meals expenses only.

In conclusion, I wish to inform you that a preliminary meeting was held in September, 1980 at the time of the Board of Governors Meeting with representatives of the B.C. College in anticipation of the 1983 Annual Convention. These recommendations were reviewed in brief, and I am pleased to report to you that acceptance of this outline was given in principle, pending your approval of this report.

Approved by Executive Council Nov. 28-29/80.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

MEMO TO: Corporate Members
Licencing Authorities

FROM: Hubert Drouin,
Executive Director

DATE: February 16, 1981

SUBJECT: Dental Therapist Program

Please find enclosed a recent communication received from Dr. Black regarding the Dental Therapist Program. Dr. Utas has asked that this information be forwarded to you and that your Association be requested to comment on this most recent position taken by the Medical Services Branch in response to our meeting of December 12, 1980.

It is important to note that before the Canadian Dental Association can present any further position on your behalf that we receive feedback at the soonest possible date preferably prior to February 24th.

A further meeting will be arranged with Dr. Black and Dr. Utas to follow-up on this matter.



Health and Welfare
Canada

Santé et Bien-être social
Canada

APPENDIX VII

Room 1940,
Jeanne Mance Building,
Tunney's Pasture,
Ottawa, Ontario.
K1A 0L3

February 5, 1981.

FEB 11 1981

Your file Votre référence

Our file Notre référence

Dr. G.E. Utas,
President,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

Dear Dr. Utas:

The purpose of this letter is to bring you up to date on developments relating to the Dental Therapist Program; explain our position and explore the possibility of establishing a better understanding and working relationship between our two organizations.

We established the Dental Therapist Program back in 1972, because we were unable to recruit or attract dentists to look after the dental health needs of the North. Today, despite a surplus of dentists in Canada, we are still unable to attract dentists to work in the North. For example, in Yellowknife, N.W.T., there are now five dentists, all of whom are foreign born, and not one of whom is licenced to practice in any Province in Canada. Hay River is the only other community in the North-west Territories receiving dental care from the private sector at this time. The three Hay River dentists are also of foreign registry.

The December meeting with your national and provincial executives was valuable in that it resulted in our mutual agreement to pursue the question of provision of dental care to the Native people at the provincial and local levels. I feel confident that this will lead to a better understanding and closer working relationship between ourselves and the dental profession. As a follow-up, my Regional Directors and Regional Dental Officers have been asked to arrange meetings with the executives of your provincial associations to explore how they can best meet the dental needs of Indian communities in their regions. My people have also been instructed that, where local arrangements can be made to meet the clinical and preventive dental health needs of Indian communities, dental therapists working in these communities are to be relocated to areas where community dental health needs cannot yet be met through the private sector.

Dr. G.E. Utas

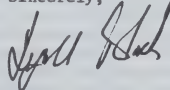
Concerning the School of Dental Therapy, my Minister has been informed of the need to relocate the School to an area where there is a sufficient patient load to meet the needs of the students. While awaiting her decision on this matter, I have instructed my staff to initiate steps to find a suitable new location. Subject to my Minister's agreement, my intention is to establish the School in its new location for an initial period of three years. At the end of this time, I would be willing to review the situation with your Association and, if I were assured that the clinical and preventive dental health needs of the Native people were being met and would continue to be met by the dental profession, I would consider closing down the School and phasing out the Dental Therapy Program.

If your Association would agree to support this proposed course of action which, in effect, actively involves your profession in working in conjunction with this department to meet the dental needs of the North, I would be more than willing to develop a joint modus operandi for the conduct of the Program during this interim period. This could include such items as your Association's participation in an evaluation of the School; a review of the standards and controls placed over the work of Dental Therapists; and possibly the establishment of a more structured mechanism to identify and fulfill the dental needs of Indian and Northern communities.

I trust this letter adequately explains our concern for the dental health needs of the clientele for which my Minister has responsibility, as well as our willingness to cooperate with you and your Association to ensure that these needs are adequately fulfilled.

May I suggest that, after you have had the opportunity to review this letter with your colleagues, we meet in order to come to some agreement on the points I have raised, as well as any further concerns that you may wish to discuss.

Yours sincerely,



L.M. Black, M.B., Ch.B., D.P.H.,
Assistant Deputy Minister,
Medical Services Branch.



MEMORANDUM

NOTE DE SERVICE

TO
A

All Regional Directors (except Overseas).

Tous les directeurs régionaux (à l'exception de la région d'Outre-mer).

FROM
DE

A/Director General,
Operations,
Medical Services Branch.

Directeur général intérimaire,
Opérations,
Direction générale des services médicaux.

SUBJECT

OBJET

Provision of Dental Health Care Services
by Private Practising Dentists under the
New Indian Health Policy

At a meeting held in Ottawa on December 12th, 1980, representatives from the Canadian and Provincial Dental Associations, the Medical Services Branch of the Department of National Health and Welfare, and National Indian Brotherhood considered the feasibility of developing a practical co-operative working relationship to help meet the dental health care needs of the Medical Services Branch clientele.

At this meeting Medical Services Branch representatives identified the large volume of unmet dental health care needs which persist in many small remote native communities across Canada. With the inception of the Medical Services Branch School of Dental Therapy in 1972, 44 dental therapy graduates have been placed in the field. These however are presently serving only about 25% of the population in question.

The Canadian Dental Association and the representatives of the Provincial Dental Associations indicated, at the meeting, that there is presently in Canada a surplus of licensed dentists and conventional dental auxiliary personnel. These constitute dental

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE/NOTRE RÉFÉRENCE
851-1-9 (TG-ld)
YOUR FILE/VOTRE RÉFÉRENCE
DATE January 29, 1981 le 29 janvier 1981

Prestation de services dentaires par des dentistes d'exercice privé conformément à la nouvelle politique sur la santé des Indiens

Au cours d'une réunion qui a eu lieu à Ottawa, le 12 décembre 1980, des représentants des associations dentaires canadiennes et provinciales, de la Direction générale des services médicaux du ministère de la Santé nationale et du Bien-être social, ainsi que de la Fraternité des Indiens du Canada ont étudié la possibilité d'établir une relation de travail pratique et collective pour répondre aux besoins en soins dentaires de la clientèle de la Direction générale des services médicaux.

Les représentants de la Direction générale des services médicaux présents à la réunion ont identifié le grand nombre de besoins en soins dentaires qui persistent au sein de maintes petites communautés isolées au Canada. Grâce à l'ouverture de l'école de thérapie dentaire de la Direction générale des services médicaux, en 1972, 44 thérapeutes dentaires diplômés ont été placés dans le domaine. Ceux-ci ne desservent actuellement que 25% de la population en question.

L'Association dentaire canadienne et les représentants des associations dentaires provinciales ont fait remarqué à la réunion, qu'il y avait présentement au Canada un surplus de dentistes autorisés et de personnel auxiliaire dentaire traditionnel.

APPENDIX VII (a)

manpower resources which could be organized by the Provincial Dental Associations to help meet the dental health care needs of the Medical Services Branch clientele across Canada.

It was agreed at the meeting that the Medical Services Branch offices at the Regional level would initiate tripartite meetings to include appropriate personnel from the Medical Services Branch, the Provincial Dental Association and Provincial Native Groups. The objective would be to plan and implement a dental health care program incorporating emergency, preventive, educational and basic dental treatment services. This would serve native communities which are presently dentally underserved. It was understood that this program of dental services could be in place within approximately 3 to 4 years.

The primary purpose of this memorandum is to request all Medical Services Branch Regional Directors to initiate these tripartite meetings at the convenience of all parties concerned and at the earliest date possible. A progress report would be appreciated not later than June 1st, 1981.

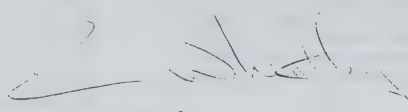
Should you wish further information, please contact either this office at 992-1805 or Dr. Tom Gavriloff, Dental Consultant, at 996-8025.

Ceux-ci constituent les ressources en main-d'œuvre dentaire pouvant être réparties par les associations dentaires provinciales pour répondre aux besoins en soins dentaires de la clientèle de la Direction générale des services médicaux dans tout le Canada.

Il a été convenu à la réunion que les bureaux régionaux de la Direction générale des services médicaux devront mettre sur pied des rencontres tripartites en incluant le personnel approprié de la Direction générale des services médicaux, des associations dentaires provinciales et des groupes autochtones provinciaux. L'objectif serait de planifier et de mettre en oeuvre un programme de soins dentaires englobant divers services tels que l'urgence, la prévention, l'enseignement et le traitement dentaire de base, afin de desservir des communautés autochtones qui ne reçoivent pas suffisamment de services dentaires. On a laissé entendre que ce programme de services dentaires pourrait être mis en place dans environ 3 ou 4 ans.

Le but principal de la présente note de service est de demander à tous les directeurs régionaux de la Direction générale des services médicaux de mettre sur pied des rencontres tripartites au moment qui conviendra à tous, et le plus tôt possible. Nous aimerions recevoir un rapport d'activité au plus tard le 1^{er} juin 1981.

Si vous désirez de plus amples renseignements, veuillez communiquer avec le soussigné au 992-1805 ou avec le conseiller dentaire, le Dr Tom Gavriloff, au 996-8025.



Brian Wheatley

c.c. Provincial Dental Associations.
National Indian Brotherhood.
Inuit Tapirisat of Canada.
Associate Director General (West).
Associate Director General (East).

c.c. Associations dentaires provinciales
Fraternité des Indiens du Canada.
Inuit Tapirisat of Canada.
Directeur général associé (ouest).
Directeur général associé (est).

"The ball is in our court" and with that statement the director general of operations, Medical Services Branch, Health and Welfare Canada, Dr. Brian Brett assured organized dentistry that his department would initiate meetings at the provincial and regional levels to discuss the whole issue of dental therapists.

The six hour meeting, instigated by the Canadian Dental Association organized in conjunction with Medical Services Branch and mandated by the provincial associations was held Friday December 12 at the R. H. Coates Building, Tunney's Pasture, Ottawa.

The Canadian Dental Association had expressed concern to the Prime Minister in 1979 that the government appeared to be breaking the law by infringing on the jurisdiction of the provincial licensing bodies through the introduction of an auxiliary program (dental therapists) to serve Inuits and registered Indians on Crown lands within Provincial borders. The CDA policy is that all irreversible therapeutic dental acts or services must be rendered by a licensed dentist.

Co-chaired by CDA Board Chairman Dr. Nick Mancini and Dr. Brett, the meeting was attended by Dr. L. M. Black, assistant deputy minister Medical Services Branch, who was forced to leave before the first hour was completed to deal with urgent department budget matters; CDA President Dr. Gil Utas; Management Committee members Dr. Don Williams and Dr. Clyde Covit; senior representatives from each provincial dental association and licensing bodies, the deans of three dental schools, federal representatives from six regions across Canada and other federal personnel including Dr. Keith Davey, director of the dental therapy school at Fort Smith, an advisor to the ADM, federal dental consultant Dr. Thomas J. Gavriloff, a health advisor to the Indian

Brotherhood and Miss Cathie Bruyere representing the National Indian Brotherhood.

In summarizing the meeting, co-chairman Dr. Brett said that the most important good news was the availability of dental manpower. He urged everyone at the meeting to make a commitment to work together ... to forget the past; we're most anxious that things start to move. "I assure you" he said "it's up to me to go to my superiors ... we want to move in specific directions." To a direct request from CDA President Utas that the Medical Services Branch assume the responsibility of initiating meetings on the provincial and regional levels to pursue the dental therapists issue, the director general responded, "the ball is in our court."

Earlier in the day Assistant Deputy Minister Black, who termed the meeting long overdue, told the profession that the federal government is responsible for dental care for Indians and Inuits on Crown lands and other isolated areas. He said the government is faced with rampant dental decay among its clientele which numbers about 300,000. He explained that federally-sponsored dental care provides a broad range of dental services including education, prevention, prophylaxis and treatment. These people, he said, require continuing care, not on a two or three week basis. He said the program had to be cost-consistent with resources and that dental personnel had to work with other health people in the community. While he said he was prepared to relocate the dental therapists to more remote locations if the above requirements were met, he said he was not prepared to close down the dental therapy school.

The assistant deputy minister told the profession he was not prepared to gamble ... if and when you can guarantee service ... we need to see they are given service and will continue to be treated. We have a clientele with

enormous problems, he said ... we'd rather do it with you ... we must work together.

Dr. Utas pointed out that the Canadian Dental Association had received a commitment from Deputy Minister Larry Fry that there would be a postponement of plans to relocate or expand the school of dental therapy at least until this meeting was held.

The dental therapy school at Fort Smith needs to relocate because the field training and experience required is no longer available at that site. The options considered by the federal government are British Columbia, Saskatchewan and Ontario. Dr. Brett said consultations with the native people in the province, the provincial government and provincial dental association will be carried out before any move. However, the College of Dental Surgeons of B.C. was not consulted; the B.C. government has declined the offer for construction of the school at the present time, placing the project on the back burner. Dr. Brett acknowledged meetings have not been held in Saskatchewan or Ontario.

Leading the national and provincial dental contingent, CDA President Dr. Utas explained that while there was a shortage of dental manpower when the school for dental therapists went into operation in 1972, the situation was now dramatically reversed with a surplus of dentists and maldistribution in some areas. It was noted that approximately 500 new dental students graduate yearly in Canada. The dental therapy school has graduated 90 individuals, 30 of them natives, since inception. All Canadians he said are entitled to the finest dental care.

The Ontario and Québec dental associations made strong presentations to the government, each assuring Medical Services Branch they could provide

a pool of manpower for outreach programs and would work to provide manpower to other provinces to alleviate short term problems. Ontario Dental Association President Dr. Brad Holmes sought assurances from Medical Services Branch that there would be dialogue with the provinces and sufficient funds to explore alternatives. He cited one example where co-operation works, effectively. In Kenora he said one day each week a fully-booked general practitioner goes into the White Dog area to treat children.

Dr. Chicoine, president and executive director of l'Association des chirurgiens dentistes du Québec reported his association had a bank of 150 dentists ready to go into remote areas. In response to Miss Bruyere's question "where are the dentists and what is really happening here?" Dr. Chicoine said "what we have come to say to the federal government is that the province is ready to take on their (native) problems and do everything possible to satisfy their needs." However, he said we must have a commitment from the federal government. "Are you prepared to say yes?" he asked the chairman.

The dean of the University of Manitoba Dr. A. Schwartz suggested there had been many mistakes on both sides, by Medical Services, CDA, the provinces and individual dentists. He listed his experiences as a private practitioner, federal civil servant in the Medical Services Branch and dean of a dental school. He warned the provincial associations that it might take some time to introduce a comprehensive dental system across Canada to serve the native people. And he suggested the University of Manitoba would be prepared to service some of these remote areas.

The president of the Manitoba Dental Association Dr. H. Diamond said his province looked to dental therapists as a stop-gap measure, but could handle the situation with dentists to serve all areas of the province in three to four years.

CDA President-elect Dr. Williams pointed out that dentists across Canada could meet the objectives for care to all native peoples in a far shorter time frame than the dental therapists. The dental therapist time frame is 10 years. The dental profession, Dr. Utas said, would take three to four years to get the programs in place subject to the support of the federal government.

Dr. E.W. Zak, vice-president of the College of Dental Surgeons of Saskatchewan also called for a commitment from the federal government and if we get it, he said, we would lean over backwards to serve. "Our graduates would go into isolated areas," he said.

Dr. B.P. Martinello, executive director, registrar of the Alberta Dental Association reported he was prepared to go back to Alberta to get the ball rolling. But he said "we have to do it together, we need a commitment from Health and Welfare and we have to know what those commitments are."

Dr. L.C. Mandin, Alberta chairman of the Ad Hoc Committee, Dental Services to Native People, argued the dental team approach was the best solution. He proposed native dentists and suggested the dean of the dental school was prepared to co-operate.

Dr. T.E. Ramage, president of the College of Dental Surgeons of B.C. noted with the new B.C. Dental Act the provincial government has the responsibility for natives in B.C. and he urged a meeting with the Indians, provincial and federal government representatives. "What we need to know", he said, "is who we can contact?"

Dr. S.G. Bagnall, registrar of the Provincial Dental Board of Nova Scotia assured the meeting that the Nova Scotia children's dental program is available to the entire population. "We have no isolated area" he said.

"Our manpower is increasing and we can handle any problem in the area, so please let us know what the problem is."

The registrar of the Newfoundland Dental Association, Dr. B.L. Bowden explained that while there were 2,300 native people, there were no reserves. With Ontario's and Québec's offer of a manpower pool, we could handle our problems with a few extra bodies, he said.

Dr. Messer of the International Grenfell Association explained the dilemma faced by his organization in securing Canadian dentists to service northern Newfoundland and Labrador. Having heard the Ontario and Québec offers relating to manpower, he said he personally felt his organization could use both dental therapists and dentists, but given the choice he would prefer the dentists.

Dr. R.A. Turcotte, New Brunswick representative to the CDA Board of Governors noted there were 14 reserves in New Brunswick, all within 20 miles of a dentist.

The president of the Dental Association of Prince Edward Island Dr. D. O'Connell noted that comprehensive care is available to all people in the province. "If you want dentists to work in the north" he said, make them an offer they can't resist."

The School of Dental Therapy began operation to meet the need for dental services in the north and mid-north corridor to registered Indian and Inuit populations residing on reserves and Crown lands and residents of the Territories. Dr. Davey says the program works: because the therapist becomes a resident, the program is standardized, each operates a manageable population, there is quality control, the therapist has a high profile in the community, the main thrust is preventive and children's

dentistry, it's portable, there's controlled planning and it's reasonably economic. Dr. Davey said he felt the dental therapists should be under the umbrella of the profession, but he said, the government was good enough to take it up.

Six field directors from Medical Services Branch outlined their areas of responsibility in detail with the Dental Therapy Program. They cited many problems including: transportation, isolation, insufficient service, the difficulties with very small communities and how to get dental care to them, costs, the lack of dentists, poor housing, and the long distances to travel.

Those attending the meeting included:

Dr. L.M. Black - Assistant Deputy Minister, Medical Services Branch
Dr. H.B. Brett - Director General, Operations, Medical Services Branch
Dr. F.H. Hicks - Director General, Policy Planning & Evaluation,
Medical Services Branch
Mr. I.C. Inglis - Special Advisor to the Assistant Deputy Minister
Dr. A.I. Murdock - Acting Director, Native Health Services, Medical Services Branch
Dr. T.J. Gavriloff - Dental Consultant, Native Health Services
Dr. J.T. Moran - Regional Dental Officer, Pacific Region
Dr. J. Andrus - Regional Dental Officer, Saskatchewan
Dr. D.M. Linklater - Regional Dental Officer, Ontario
Dr. W.R. Bedford - Regional Dental Officer, Manitoba
Dr. K.W. Davey - Director, School of Dental Therapy
Dr. J. Coombs - Chief Medical Consultant, National Indian Brotherhood
Dr. J. Messer - Director, Dental Services, International Grenfell Association
Dr. A.R. Ten Gate - Dean, Faculty of Dentistry, University of Toronto
Dr. A. Schwartz - Dean, Faculty of Dentistry, University of Manitoba

Dr. N.A. Mancini, Chairman - CDA Board of Governors
Dr. G.E. Utas, President - CDA
Dr. D.E. Williams, President-elect - CDA
Dr. C. Covit, Past-president - CDA
Brig.-Gen. W.R. Thompson, Director General of Dental Services
(Canadian Forces Dental Services) CDA Executive Council
Mr. H.E. Drouin, Executive Director - CDA
Miss Ann Hammell, Director of Communications - CDA

Dr. G.S. Beagrie, Dean
University of B.C.
Dr. T.E. Ramage, President
College of Dental Surgeons of B.C.
Dr. L.G. Mandin, Chairman
Ad Hoc Committee, Dental Services to Native People
Dr. B.P. Martinello, Executive Director/Registrar
Alberta Dental Association
Dr. E.W. Zak, Vice President
College of Dental Surgeons of Saskatchewan
Dr. H. Diamond, President
Manitoba Dental Association
Dr. B.W. Holmes, President
Ontario Dental Association
Dr. E.J. Fox, Deputy Registrar
Royal College of Dental Surgeons of Ontario
Dr. C. Chicoine, President & Executive Director
Association des chirurgiens dentistes du Québec
Me André Tremblay -
Association des chirurgiens dentistes du Québec
Dr. J.G. Landry, President
L'Ordre des dentistes du Québec
Dr. R.A. Turcotte - New Brunswick representative
Board of Governors - CDA
Mr. D.V. Pamenter, Executive Director
Nova Scotia Dental Association
Dr. S.G. Bagnall, Registrar
Provincial Dental Board of Nova Scotia
Dr. D. O'Connell, President
Dental Association of P.E.I.
Dr. B.L. Bowden, Registrar
Newfoundland Dental Association

30 January 1981

Dr. A.B. Morrison,
Assistant Deputy Minister,
Health and Welfare Canada,
Health Protection Branch Bldg.,
Room 116,
Ottawa, Ontario
K1A 0L2

Dear Dr. Morrison:

The Canadian Dental Association has consistently maintained excellent contacts with your Health Protection Branch with representatives attending CDA meetings when matters of mutual interest were under discussion.

However, an incident occurred last summer which has caused CDA considerable difficulties, but it is one which we feel can be resolved jointly. The matter concerns the recall order of soft denture liners (Coe-Soft and Coe-Super-Soft) made by the Coe Company because they contained a cadmium-based pigment.

CDA members, the end-users of most dental products, were notified of the recall order through the news media or by their patients who had learned via the news media that the products had been recalled by government order because they were unsafe. The Canadian Dental Association was notified after the fact.

The Association was placed in a difficult position as hundreds of letters and phone calls were received from dentists who learned of the recall long after it had been put into operation. They sought information as to how to deal with existing stock, whether to return stock to the vendor, was liability for malpractice a possibility, all of which could not be fully answered as the Association had very little information.

Consciously aware that both your department's responsibility and the first responsibility of the Canadian Dental Association is to the public and to its protection, surely a more efficient manner to deal with this problem can be developed so that the dentist is alerted to deal quickly and reassuringly with his patient.

May I suggest that a meeting be arranged between representatives from the Health Protection Branch and our Association to review and develop the means by which both our objectives can be met. It might take the form of an alert letter from your department or from CDA to all dental practitioners before the official recall order is issued to the media. This would allow the Association to cope with the queries, give the dentists a chance to satisfactorily meet the questions of concerned patients; and could be followed by a full explanation in the Journal of the Association. I'm sure your department could offer other suggestions.

Thank you for your attention to this crucial concern. We will be looking forward to hearing from you shortly.

Kindest regards,

Gilbert Utas, D.D.S.
President

GU/dt

c.c. Mr. L. Fry



Health and Welfare
Canada

Santé et Bien-être social
Canada

Health Protection
Branch

Direction générale de la
protection de la santé

EXECUTIVE REPORT
APPENDIX VIII (a)

Tunney's Pasture,
OTTAWA, Ontario.
K1A 0L2

FEB
FEV 20 1981

FEB 24 1981

Your file Votre référence

Our file Notre référence

Gilbert Utas, D.D.S.,
President,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

Dear Dr. Utas:

Thank you for your letter of January 30, 1981.

I agree with you that good communication between your Association and officers of this Branch are essential for ensuring that we can respond to your needs and that actions taken by us will benefit your members and their patients.

At present, our efforts for ensuring the safety and efficacy of dental devices is almost entirely limited to responding to problems reported by users. Concerns about the Coe-Soft and the Coe-Super-Soft denture liners were brought to our attention by users. It is our practice to investigate problem reports with the help of experts whenever possible, and then to discuss our findings with the manufacturer. Our investigation of the liners showed that the cadmium pigment was easily leached and hence constituted a health hazard. We promptly informed the manufacturer located in the United States, and recommended appropriate action. The manufacturer in turn instituted a recall by informing his distributors.

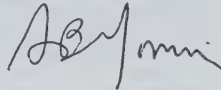
Dr. G. Utas

Recalls are manufacturer initiated actions which our Regional offices monitor for adequacy. It would appear that information about the Coe recall was picked up by the news media. Hence, officers of this Branch had to respond to several enquiries from the press. There was no press release from this Department.

Each year several hundred medical devices are recalled by manufacturers. Only some of these result from our investigations and recommendations. It is therefore not unusual for users to first learn of device recalls directly from manufacturers or via the news media. Although we almost always discuss major device problems with experts before taking action, we only inform hospitals or the professions about forthcoming recalls when user vigilance pending appropriate manufacturer action is considered essential for patient safety. Medical Devices Alerts are used for this purpose. Less than 10% of recalls merit alert letters.

In view of the interest shown by you and your Association, I have asked our Bureau of Medical Devices to ensure that your Association is kept informed of all major recalls of dental products resulting from our investigations. I fully believe that your Association and this Branch should develop improved procedures which will better serve the needs of the dental profession as well as our objectives. I shall be happy to discuss this matter further with you at your convenience.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'A.B. Morrison'.

A.B. Morrison, Ph.D.,
Assistant Deputy Minister.

PRODUCT ACCEPTANCE

Members: Dr. W.B. Chapple, Port Hope, Chairman
Dr. D.W. Banting, London, Ontario
Dr. R.Y. Barolet, Ste-Foy, Quebec
Dr. G. Nikiforuk, Toronto, Ontario
Dr. R. Roydhouse, Vancouver, B.C.
Dr. W.C. Sturtridge, Toronto, Ontario.

1. Committee Meeting

The Committee on Product Acceptance held one meeting since the last Board of Governors meeting, that being January 27, 1981, at headquarters building in Ottawa.

2. Matters for Board Information

At present there are seven products now recognized by the CDA as listed:

Dentrifices

Crest - Procter & Gamble
Crest Modified Formula - Procter & Gamble
Colgate MFP - Colgate-Palmolive
Aquafresh - Beecham Canada Limited
Aim - Lever Brothers

Mouthrinses

Listermint - Warner-Lambert

3. Advertising

Screening of advertising for the above companies has gone smoothly to date. Procter & Gamble will be monitored to ensure that the advertising criteria regarding the new Crest Formula is maintained.

4. Correspondence

Warner-Lambert - Xylitol

The Committee is interested in studies now being done on this product but feels at this time that it shows no anticariogenic properties in the present studies. The Committee will be interested in the continued research developments for the product.

PRODUCT ACCEPTANCE

Correspondence - continued5. Listerine Antiseptic

Protocols were submitted for anti-plaque studies to commence in the near future. The Committee is interested in being kept up to date on these studies.

6. Listermint Dentrifrice with Fluoride (Warner-Lambert)

Warner-Lambert has shown interest in having this product recognized by the CDA. Applications and guidelines will be sent to this company. A protocol was sent from Warner-Lambert on fluoride uptake studies. The Committee will be interested in the results of the studies.

7. William S. Merrell Company

The above-named company has expressed interest in receiving our Seal of Recognition for Cepacol Mint Mouthwash with Fluoride. Applications and guidelines will be sent to the company for future submissions.

8. Block Drug Company

This company is interested in receiving the CDA Seal of Recognition for Sensodyne toothpaste. The Committee felt that this product did not fall within our guidelines and is not recommended for our Seal of Recognition

9. Cooper Laboratories Limited

A number of product lines from Cooper Laboratories were submitted for the possibility of recognition. Only Fluororinse would be considered for our Seal of Recognition. Applications and guidelines have been forwarded to the company.

Respectfully submitted,

W.B. Chapple
Chairman
Product Acceptance Committee

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



January 15, 1981

Madame Monique Begin
Minister of Health and Welfare
Room 443 South
House of Commons
Ottawa, Ontario

Dear Madame Begin:

The Canadian Dental Association has requested that I send you this letter regarding our Canadian Dental Hygienists' Association brief to the Health Services Review 1979. I understand that the Canadian Dental Associations' primary concern in this brief is recommendation number six which states:

"As practice standards and quality assurance programs for dental hygiene are developed the possibility of establishing independent practice conforming to such standards be investigated"

Please find enclosed a copy of a letter to the Canadian Dental Association which outlines the facts surrounding the preparation and submission of this brief. You will note that this brief, including the recommendations, has not been endorsed by the Board of Directors of the Canadian Dental Hygienists Association and cannot, therefore, be labelled a "policy statement" of our Association at this time.

Yours truly,

(Mrs.) Marge Bailey, President
Canadian Dental Hygiene Association
Box 2228
Kindersley, Saskatchewan
S0L 1S0
(306) 463-2397

*Association
des chirurgiens dentistes
du Québec*



TRANSLATION OF A FRENCH LETTER DATED JANUARY 12, 1981, TO DR. UTAS

January 14, 1981

Doctor G.E. Utas, President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6

Re: Your meeting with the Bureau exécutif of the Q.D.S.A.

Dear doctor:

On behalf of the members of our Bureau exécutif, I wish to thank you for your visit and that of Doctor D.E. Williams, last December 5.

The meeting was most constructive and augurs well for the future. In order that we may pursue this dialogue, permit me to summarize our discussions and respective positions.

C.D.S.P.I.

We have expressed our appreciation of your stand in this matter. You may rest assured that our position had absolutely nothing to do with personalities. Quite to the contrary, it was strictly a matter of principles where one of our members having accepted, on our recommendation, an office to better serve our profession, could not be unilaterally removed from that office without reason.

Your stand in this matter demonstrates your impartiality and strenght of character. We are truly proud to note these qualities.

MEMBERSHIP DUES

We informed you of certain constraints of our by-laws, constraints which our representatives had not mentioned to you although they should have, since they were aware of their existence. Nevertheless, we have agreed to pay the additional amount of \$3. making our total contribution \$8. per full fledge member. Further, the amount enclosed, includes dues for members as received from the Quebec Health Insurance Board through the Rand formula.

We have confirmed that neither the Quebec Order of Dentists nor ourselves were satisfied with the manner in which these indirect dues were collected and that we wished to renegotiate these terms in order to ensure an agreement during the year 1981. For this purpose, we would be pleased to organize a meeting with yourself and the representatives of the Quebec Order of Dentists.

Further, you have informed us that the additional \$3. was for accreditation. This matter does not fall under our jurisdiction and, as a matter of fact, we are questioning its validity.

In short, we are willing to negotiate and would be most pleased if an agreement could take place prior to your Board of Governors meeting of March 1981. Our payment is made in a gesture of co-operation but should not be interpreted as an agreement on our part. Our by-laws expressly forbid it.

ATTENDANCE BY AUXILIARY PERSONNEL AT MEETINGS-OF THE COUNCIL ON HEALTH CARE

Our position, strengthened by the Canadian dental hygienists' stand in its brief to the Hall Commission, is quite firm on this matter. Unless the members of the Council are discussing matters concerning exclusively auxiliary personnel, they have no reason attending the Council's meeting.

Granted, the hygienists have spoken to you at length since the incident took place. Nevertheless, we have more faith in actions than in spoken words. What they did constitutes treason, no less.

As permitted by your by-laws, it is up to you to bring about the necessary changes. We plan to pursue this matter.

GUIDELINES: DENTAL HEALTH PLAN FOR CHILDREN

Since this matter is, in our opinion, of no concern whatsoever to the C.D.A., we have expressed our reservations concerning the establishment of any such national standards.

We understand your desire to help other provinces and feel that the research center you plan to establish should better serve your purpose.

DENTAL MANPOWER STATISTICS

During the last Board of Governors meeting we made it quite clear that we would not make such statistics available. Our experience shows that each and everyone ends up using them to his own advantages and too often, to the disadvantage of the profession. Our position remains unchanged.

RADIATION SUBCOMMITTEE

Each province is governed by its own regulations. The terms of references of this subcommittee should be revised if we wish to prevent a waste of energy and money that could be better utilized elsewhere.

GUIDELINES ON SCHOOL DENTAL ACCIDENT INSURANCE

The document presented resembles greatly some of the positions taken by the American Dental Association. Not wishing to minimize the value of what our colleagues South of the border are doing, we have expressed caution.

Although the problems facing the profession in the U.S.A. resemble our own, they are also quite different in view particularly of several policies existing in the United States. It therefore appears important to us to exercise caution before adopting in whole an American policy.

Further, we feel the C.D.A. is placing itself in a delicate position since this document dictates guidelines to the private enterprise. In our opinion, the essence of the document, its presentation and purpose should be reviewed in depth.

DENTAL CARE FOR THE HANDICAPPED AND GERIATRIC SUBCOMMITTEE

Our remarks pertaining to Guidelines: Dental Health Plan for children apply equally to both of the above.

UNIFORM CODING SYSTEM

We have congratulated you for the work done so far and have expressed two specific wishes. Firstly that the C.D.A. ensures that time and responsibility factors be the same throughout the country and secondly, that provinces agree not to publish these factors. Our experience has shown that during negotiations, the government uses this time factor to reduce fees, neglecting all together the responsibility factor.

Above all, we have suggested that this dossier become a priority for the C.D.A.

CAPITATION

Modes of remuneration are the basis of negotiation. We have established the principle of promoting private practice and fee for service as the best guaranty to safeguard this practice.

Thus, the dentist's therapeutic liberty and complete autonomy of practice remain unhampered. We have fought dearly and with relentlessness to ensure the recognition of this principle within our denticare agreement with the provincial government.

To leave a door open to private enterprises through capitation and closed panels would constitute a step backward and give the government a chance to look at this possibility once again. If we, as a profession, recognize capitation systems within private enterprises, the government will be in a good position to force such systems on the profession.

As a consequence, we feel the solution proposed by Dr Clyde Covit in his letter dated September 16, 1980 to the Chairman of the Council on Health Care should be rejected since it implies a certain recognition of capitation.

The position adopted in Ontario appears at first glance more acceptable. C.D.A. should be most forceful on this matter and promote the principles inherent to fee for service and thus denounce capitation and closed panel dentistry.

ACCREDITATION OF DENTAL HYGIENE TRAINING PROGRAMS

In Quebec, the Professional Corporation of Dental Hygienists is an autonomous body, totally independent of the Quebec Order of Dentists. We are wondering why you are involved in the accreditation of this training at all and how this accreditation is carried out. How can C.D.A. accredit, in Quebec, a dental hygiene program in which illegal acts are part of the curriculum?

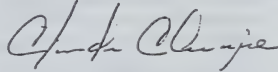
F.D.I.

We have demonstrated our support of your personal stand on this question if I may be permitted a personal reaction, I will tell you that your membership difficulties with the F.D.I. strangely resemble those we have raised with respect to our dues as corporate member of C.D.A.

In short, Mr. President, we have summarized the principal topics discussed and our pertinent comments. We have no objection that these be forwarded to the members of the Board. Perhaps, they will facilitate their understanding and thus contribute to an improved dialogue during the Board's meetings.

Once again, our meeting took place in an atmosphere of true cooperation and I look forward to meeting you again in the near future with the representatives of the Quebec Order of Dentists.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Claude Chicoine', written in a cursive style.

Claude Chicoine, D.D.S.
President

CC/sp
Encl.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

REPORT OF MANAGEMENT COMMITTEE

VISIT OF PRESIDENT G. UTAS AND PRESIDENT-ELECT D. WILLIAMS
WITH THE PRESIDENT AND EXECUTIVE COUNCIL OF Q.D.S.A.

DECEMBER 5, 1980

N O T E S

Your representatives were warmly received and hosted by the President and Executive Council of the Q.D.S.A.

The following is a reporting of items discussed:

1. Dr. Chicoine, President of Q.D.S.A. reported C.D.A. would receive the balance of the corporate fee in January 1981 -- after the final figures for 1980 are tabulated.
2. Q.D.S.A. would like a meeting with C.D.A. and O.D.Q. early in 1981 to discuss the rationale of the corporate fee.
3. Q.D.S.A. would like communications kept at a high level with C.D.A.
4. Manpower -- lengthy discussions revealed continuing concern of use of statistics. Would share "on request" such statistics with confidentiality insured, with other dental organizations only -- "specific requests considered".
5. Health Care Council.
 - (a) Hygienist - question right of hygienists to serve on C.D.A. Councils if supporting brief to Health Services Review - 1980.
 - (b) Guidelines for Children's Dentistry "be restricted to in-house use".
 - (c) Q.D.S.A. Children's Plan -- would share 50-50 in cost of translation to benefit other corporate members.
6. Radiation -- "overkill to public a concern" -- Reported that patient information cards will be made available in future.

Q.D.S.A. - C.D.A. Meeting - Dec. 5/80

7. C.D.A. must plan well ahead to give adequate notice of "fee" increases.
8. Would like discussion on R.V.U. Formula on National basis.
9. Capitation -- has good information available and would like to share it especially with Saskatchewan Dental Association.
10. Requested permission to appoint F.D.I. Official Travel Agent to assist with this year's trip. (Already active in planning)
Would assist with their arrangements in Rio.

GENERAL COMMENTS

"We are corporate members -- will be the corporate members".
Have many concerns and to give scope of growth of same now have 1.5 lawyers on full time staff.

Dr. Chicoine to Executive as a closing remark:

"Ask not what C.D.A. can do for you -- what can you do for C.D.A."

DONALD E. WILLIAMS
President-Elect

CANADIAN DENTAL SERVICE PLANS, INC.
(Canadian Dentists Insurance Program)

STATEMENT OF RECEIPTS AND DISBURSEMENTS

FOR THE YEARS ENDED DECEMBER 31, 1978 AND 1979

APPENDIX XII

Touche Ross & Co.
Chartered Accountants

AUDITORS' REPORT

The Board of Governors,
Canadian Dental Association.

We have examined the statement of receipts and disbursements for Canadian Dental Service Plans, Inc. (Canadian Dentists Insurance Program) for the years ended December 31, 1978 and 1979. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, this statement of receipts and disbursements presents fairly all of the receipts and disbursements related to the Canadian Dentists Insurance Program for the years ended December 31, 1978 and 1979.

Touche Ross & Co.

Toronto, Ontario,
August 25, 1980.

Chartered Accountants

CANADIAN DENTAL SERVICE PLANS, INC.
(Canadian Dentists Insurance Program)

STATEMENT OF RECEIPTS AND DISBURSEMENTS (NOTE 1)
FOR THE YEARS ENDED DECEMBER 31, 1978 AND 1979

	<u>1979</u>	<u>1978</u>
Receipts		
Gross premiums, net of refunds	\$5,772,731	\$4,758,731
Transfer from general bank for premiums of first year graduates	25,038	-
Refunds from insurers	<u>1,448</u>	<u>-</u>
	<u>5,799,217</u>	<u>4,758,731</u>
Disbursements		
Insurance premiums	4,820,747	4,144,409
Commission to administrators	342,440	435,163
Printing expenses	<u>50,706</u>	<u>40,000</u>
	<u>5,213,893</u>	<u>4,619,572</u>
Excess of receipts over disbursements	585,324	139,159
Cash on hand at beginning of year	<u>139,159</u>	<u>-</u>
	724,483	139,159
Transfer of cash to general bank account	<u>(281,275)</u>	<u>-</u>
Cash on hand at end of year	<u>\$ 443,208</u>	<u>\$ 139,159</u>

See accompanying notes to statement of receipts and disbursements.

CANADIAN DENTAL SERVICE PLANS, INC.
(Canadian Dentists Insurance Program)

NOTES TO STATEMENT OF RECEIPTS AND DISBURSEMENTS
FOR THE YEARS ENDED DECEMBER 31, 1978 AND 1979

1. Statement of receipts and disbursements

The statement of receipts and disbursements includes only those receipts and disbursements of the Canadian Dentists Insurance Program. Other transactions of Canadian Dental Service Plans, Inc. are not included in this statement.

2. Commissions earned

Canadian Dental Service Plans, Inc. has entered into a three year administration agreement with its agents, Kench & Associates Limited and Reed Stenhouse Limited, expiring December 31, 1980. Under the terms of the agreement, Canadian Dental Service Plans, Inc. was to remit all insurance premiums collected to the agents. A collector of premium fee of 5% of gross premiums was to be paid back to the organization by the agents subject to availability of funds. During 1979 Canadian Dental Service Plans, Inc. withheld an estimate of its collectors of premium fee from the transfer of premiums to the insurance agents. The following is an analysis of collector of premium fee for 1978 and 1979:

Gross premiums, net of refunds	
1979	\$ 5,772,731
1978	<u>4,758,731</u>
	\$10,531,462
Collector of premium fee at 5%	\$ 526,573
Excess of receipts over disbursements	
for the two years ended December 31,	
1979	<u>724,483</u>
Surplus cash	\$ 197,910

The final determination of collector of premium fee earned during the term of the present administration agreement cannot be finalized until after its expiry on December 31, 1980; such determination to cover the 1978, 1979 and 1980 calendar years.

C.D.S.P.I.

REPORT TO THE C.D.A. BOARD OF GOVERNORS

MARCH, 1981

This report contains information which has become available since the date of the last meeting of the C.D.A. Board - September 27, 1980.

Annual Meeting - C.D.S.P.I. - September 27, 1980

Active Members representing the Corporate Members as of September 28, 1980:

British Columbia	- Dr. T.E. Ramage
Alberta	- Dr. G.L. Locke
Saskatchewan	- Dr. C.R. Hill
Manitoba	- No representative
Ontario	- Dr. Brad Holmes
Quebec	- Dr. J.C. Giguere
New Brunswick	- Dr. R.A. Turcotte
Nova Scotia	- Dr. J. Christie
Prince Edward Island	- Dr. J.A. Robertson
Newfoundland	- Dr. G. Anthony
C.D.A.	- Dr. C. Covit

The Active Members accepted the audited financial statements and reappointed the present auditors.

Minutes of the meeting are attached as Appendix A.

The C.D.S.P.I. report to the C.D.A. Board in September concluded the negotiations with respect to the renewal of the Insurance contracts. Consequently, the C.D.S.P.I. Board meeting which immediately followed the C.D.A. meeting was concerned with those items which demand attention during the coming year. Since the C.D.S.P.I. Board will not be meeting until January 30, 1981 there are no recommendations from the Board to C.D.A. as of this date. Therefore, the following is information only.

Management of C.D.S.P.I.

The incumbent officers of C.D.S.P.I. were re-elected for 1981.

Administrative Functions

The Management Committee was instructed by the Board to investigate the feasibility of performing all administrative functions within C.D.S.P.I. At the moment, this involves a review of the material which was developed and analysed prior to the decision which resulted in C.D.S.P.I. performing the promotion and communication functions. Since several of our Board Members were not present during the discussions which led to this decision - it will be necessary to

C.D.S.P.I.

Administrative Functions Cont'd

review the material and explain for the benefit of the new members - also their input will be of value. Any assumptions with regard to the outcome of these discussions would be premature.

General Manager

Mrs. E. Schmidt will be retiring as of July, 1981. Although it is recognized that she can never be replaced, it is anticipated that a new General Manager will be presented to the C.D.S.P.I. Board for approval at the January 30th meeting.

Benefit Chairmen Meeting

Mr. Cyril Gallant organized and conducted this meeting on October 24, 1980. The Handbook for Benefit Committee Chairmen was reviewed and discussed. All those in attendance had an opportunity to express their opinions on a wide variety of topics related to the Insurance Program in the months ahead. Since it is impossible to summarize 34 pages of minutes and report without bias, perhaps a list of topics discussed will describe the activity of the meeting.

Topics discussed:

1. Handbook for Benefit Chairmen - reviewed in detail.
2. Eligibility of over 65 age group for insurance in the program.
3. Check list of material presently possessed by Benefit Chairmen.
4. Communication with new graduates.
5. Plan promotion by Benefit Chairmen - what is their role - they defined it.
6. Publication and release of promotion material - how to do it and where from.
7. Composition and function of Benefit Committees.
8. Grass roots information gathering.
9. Eligibility and conversion of Basic Life coverage at older age.
10. Definition of disability.

C.D.S.P.I.

Benefit Chairmen Meeting Cont'd.

11. Evidence of insurability
12. Office contents replacement cost.
13. Rate comparisons.
14. Legal costs for Discipline hearings.
15. Claim service.
16. Follow-up to free Graduate Package.
17. Group type plan for dental auxiliaries.
18. CDA RRSP.

All participants were requested to prepare a critique of the meeting which would be studied with the intent of organizing a better meeting in the future. The cost of the Benefit Chairmen Meeting is funded out of the Trust Account which was established as a result of a renegotiation and reduction in the Administration Fees payable to our Administrators.

Trust Account

A special "Insurance Trust Account" was opened in 1980 to accommodate a refund of \$30,000 from Reed Stenhouse (Plans Administrators). C.D.S.P.I. had succeeded in negotiating this amount, because the function of communication had been taken over by C.D.S.P.I.

This account is integrated in C.D.S.P.I.'s banking system and is earning interest within the system. The appropriate earned interest is credited to the account. The account received \$10,000 from Reed Stenhouse in June, 1980 and \$20,000 on October 1, 1980.

In accordance with motions passed by the C.D.A. Board, the following disbursements have been made:

C.D.A. Audit of the Plans for 1978 and 1979	\$10,850.00
Costs connected with the Benefit Committee Chairmen's meeting in October, 1980	\$ 7,426.16

At the end of each fiscal year an audited statement will be forwarded to the C.D.A.

C.D.S.P.I.

Benefit Chairmen Meeting (Cont'd.)

Due to a reduction in the administration fee for the next 3 year period, this account will absorb substantial amounts from the gross up of net premium. The Board of C.D.S.P.I. will discuss the matter and probably make certain recommendations to the C.D.A.

Attitude and Opinion Survey

An analysis of premium growth, participation percentages and market penetration has revealed that the plans may be reaching a peak in growth of numbers of participants. It has been suggested that an "Attitude Survey" would demonstrate that certain changes in our Promotion and Communication methods could result in increased penetration for the Program. The C.D.S.P.I. Board will be receiving a presentation from Employee Facts on January 31st and will decide on a course of action.

CDA RRSP

The Board has instructed the Management Committee to prepare information on the various alternatives that are available with regard to the operation of the RRSP. The Board is concerned that many of the participants choose to transfer their holding to the wrong type of plan at the wrong time; either inside or out of the plan.

For Instance

1) Between January, 1978 and March, 1980 there was hardly any increase in the unit value of the Fixed Income Fund. Thereafter it fluctuated for a few months. Since July, 1980 it has held steady.

There were massive transfers out of the Fixed Income Fund during 1980. From January, 1980 to September, 1980 the net transfers out of the Fund to other CDA Funds amounted to \$1,976,915. This means that the participants who transferred out, received no appreciation on their holdings for more than a year, and then the transfers were effected when the unit values were low. Many of them transferred into Common Stock at a time when the unit values in that Fund had reached an all time high, thereby compounding the error.

2) From March 1979 to October 1980 the composition of transfers out of the CDA RRSP was as follows:

Out of Fixed Income	\$4,072,814.
Common Stock	1,849,201.
Guaranteed	923,477.
Balanced	218,322.
	<u>\$7,063,814.</u>

C.D.S.P.I.

CDA RRSP Cont'd.

Most of these transfers out went to Trust Companies:

		<u>Percentage</u>
Trust Companies	\$5,397,819.	76.4%
Life Insurance Companies	669,557.	9.5%
Others	117,338.	1.7%
CDA G.I.C.'s	879,100.	12.4%
	<u>\$7,063,814.</u>	<u>100.0%</u>

Again the transfers out of Fixed Income were not made at a favourable time. The forthcoming meeting of C.D.S.P.I. will probably focus on the direction that will be researched in depth.

Open Enrollment - Basic Life and Dependent Life

The results of this offering to the profession speak for themselves. 1.061 applications for the open enrollment have been approved. Most of these applicants already participate in the program. Annual premiums from these new policies amount to a little more than \$100,000.

Net Premium Growth

Attached as Appendix B, is an exhibit which shows the growth of the Insurance Program since 1978.

Eligibility

The C.D.S.P.I. Board will be considering the problem of eligibility and will make all the information in its possession available after its January 30 meeting. Legal advice has been obtained and will be included.

Employee Benefits Package

Mr. Gallant has been working in conjunction with Reed Stenhouse on this matter. He will be reporting on January 31. Progress will be reported to C.D.A.

Experience Reports

Life and L.T.D. - The statistics should be available by the end of February. A verbal summary can hopefully be given at the meeting.

C.D.S.P.I.

Mrs. E. Schmidt

On September 28, 1980 the following motion was passed unanimously by the C.D.S.P.I. Board.

"THAT the Board of Directors accept with regret the resignation of Mrs. Schmidt, and that based on her many years of loyal service to C.D.S.P.I. and the Dentists of Canada, Mrs. Schmidt be suitably honoured."

Speaking for C.D.S.P.I., I would like to say what the motion could not say. The Lady will be sorely missed. Her charm, her integrity, her determination, her loyalty, her acumen, her modesty, her dedication - all of these qualities and more - have made for her a special place in the history of all our organizations. On behalf of the Committee that she has supported during these developing years, I know that she will not be replaced in our hearts, because we shared the challenges of the times - and those times won't come again for us.

I know that Edith Schmidt is proud to have been a part of the evolution of C.D.S.P.I. - we know how large that part was - and we ask this Board to join us in saying "Thank you" to a very special Lady.

New Business

MOTIONS FROM THE FLOOR

Eligibility Requirements

RESOLVED:

That the Board of Governors approve in principle that the eligibility requirements as outlined in the Master Contracts be enforced.

ADOPTED

Master Contracts

RESOLVED:

That approval be given to make copies of the Master Contracts available, upon request, after deletion of all information dealing with experience, accounting and administration

ADOPTED

Individual Financial Planning

WHEREAS an investigation of the area of individual financial planning has demonstrated that the tax structure of some provinces differs from that of others, and as such, the information requirements of the members will vary from province to province.

ACCORDINGLY, the Board of CDSPI recognizes that individual financial planning would best be handled by the provincial organizations as they can tailor programs to their own particular needs.

RESOLVED:

That financial planning programs be handled as a provincial, rather than a CDA function.

ADOPTED

Resignation of Mrs. E. Schmidt

RESOLVED:

That Mrs. Edith Schmidt, based on her many years of loyal service to the profession, be suitably honoured by the Canadian Dental Association.

ADOPTED

Respectfully submitted,

Dr. J.E. Durran,
President, C.D.S.P.I.

ADOPTION OF REPORT

The Board accepts the Report of the CDSPI with thanks.

APPENDIX A

MINUTES OF THE ANNUAL GENERAL MEETING OF THE ACTIVE MEMBERS OF THE CANADIAN
DENTAL SERVICE PLANS INC. HELD IN THE RIDEAU ROOM, FOUR SEASONS HOTEL, OTTAWA
SUNDAY, SEPTEMBER 28, 1980.

Listed below are the names given to C.D.S.P.I. of the Active Members
representing the Corporate Members with voting privileges.

British Columbia	- Dr. T. E. Ramage	- absent
Alberta	- Dr. G. L. Locke	- <u>present</u>
Saskatchewan	- Dr. C. R. Hill	- <u>proxy</u> held by Dr. Rasmussen
Manitoba	- No representative	
Ontario	- Dr. Brad Holmes	- <u>present</u>
Quebec	- Dr. J. C. Giguere	- <u>present</u>
New Brunswick	- Dr. R. A. Turcotte	- <u>present</u>
Nova Scotia	- Dr. J. Christie	- <u>proxy</u> held by Dr. Anthony
P.E.I.	- Dr. J. A. Robertson	- <u>present</u>
Newfoundland	- Dr. G. Anthony	- <u>present</u>
C.D.A.	- Dr. C. Covit	- <u>present</u>

Directors of C.D.S.P.I.

Dr. G. Anthony
Dr. G. F. Copithorne
Dr. C. Covit
Dr. J. C. Giguere
Dr. C. R. Hill - absent due to illness of father
Dr. R. L. Moran
Dr. R. L. Rasmussen - Chairman of the Board
Dr. R. D. Wells

Management Committee

Dr. J. E. Durran - President
Dr. R. L. Moran - Secretary-Treasurer
Dr. M. D. Charendoff
Mrs. E. Schmidt - Business Manager
Mr. C. J. Gallant - Director of Plans
Mrs. E. Nicol - Recording Secretary

Observers

Dr. G. E. Utas - President, C.D.A.
Mr. H. E. Drouin - Executive Director, C.D.A.
Mr. J. C. Gillies - Executive Director, O.D.A.

There being a quorum of Active Members present, the meeting was declared
duly constituted and called to order at 9:15 A.M.

APPENDIX A

Chairman's Remarks

Dr. Rasmussen opened the meeting by saying, "We have had, I think an excellent year in the past 12 months, the new mechanism or set-up seems to be working very well indeed and we will probably have some comments on that later on."

Audited Financial Statements and Comparative Statements of Income and Expenditures

Dr. Moran presented the Audited Financial Statements as prepared by the Chartered Accountants, Millard, DesLauriers & Shoemaker.

Dr. Copithorne questioned whether the promotional expenses, due to the proposed venturesome promotional program, was going to be an escalating amount on a yearly basis or was there a budget set for 1981.

Mrs. Schmidt replied that it had been difficult to make up a budget for 1980-81, but it certainly was going to be an escalating figure for a little while. We should be able to prepare a more accurate budget for promotion for the next fiscal year.

Dr. Moran added, that at the last Board meeting concern had been expressed by some Directors that a cost effectiveness measure be found for the money spent on promotion vis a vis sales, but this also implies some service in that the members be given information so they understand what programs they have.

Mrs. Schmidt replied to the question re the Lease arrangement for C.D.S.P.I. by saying, it was a 5-year term with a 5-year option to renew, with the expenses, such as taxes and utilities being pro-rated.

MOTION #1

Turcotte/Covit

"THAT THE AUDITED FINANCIAL STATEMENTS BE ACCEPTED AS PRESENTED."

Unanimous.

MOTION #2

Anthony/Robertson

"THAT THE FIRM OF MILLARD, DESLAURIERS & SHOEMAKER BE APPOINTED AUDITORS FOR THE PERIOD APRIL 1, 1980 TO MARCH 31, 1981."

Unanimous.

Dr. Locke commented that C.D.S.P.I. had done a great deal for dentists at the young end of the scale but as statistics now show the percentage of the population over 60 is increasing, he felt it was time to consider better treatment for people at the top end of the scale, possibly reconsideration be given to the restrictions imposed on the insurance coverage available. Dr. Locke wondered if the surplus funds could be used to extend the Plans.

APPENDIX A

Dr. Durran explained that the surplus that exists in C.D.S.P.I. cannot be used towards the solution of the problem. Imperial has already been contacted with regard to extending the Life coverage beyond age 80, their reply was that they were not prepared to consider this request under the present underwriting circumstances. There are surpluses in the Life program, investment surplus and experience surplus, and it is not inconceivable that some of these surpluses could be put at risk in order to extend the benefit.

The Management Committee were directed to look into securing better coverage in the Life program for those in the higher bracket.

Dr. Durran confirmed that the L.T.D. program benefits had been looked into and because the program hasn't matured, and the reserves are limited, the leverage was the one item that could be used, this was the reason for having the C.D.A. Board agree to having \$100,000. committed out of the Life insurance investment surplus to get the guaranteed rate because the L.T.D. program is running close.

Mr. Gillies on behalf of the O.D.A. expressed appreciation for the extensive amount of work done by C.D.S.P.I. to put together the Extended Health Care Package for Ontario. This was done on a direct consulting basis between C.D.S.P.I. and Ontario and Mr. Gillies stated they would be more than willing to share on a province by province basis the work that has been done.

Dr. Moran explained that the Blue Cross experience in Ontario went totally out of control and on that basis the O.D.A. asked C.D.S.P.I. to retender their Extended Health program. The program was reshaped to be more suitable for the dentists' needs in Ontario and was put to tender. It was picked up by Great West Life. It is a new program.

It was suggested, when the Program is in place, if it is successful, then the other provinces be given the opportunity to opt into it if they so desire.

Dr. Anthony agreed to send a copy of the new agreement of the Atlantic region with Blue Cross to Mrs. Schmidt. It was agreed the Atlantic region should continue with Blue Cross for another year while the Great West Life program is assessed.

It was decided, rather than send a copy of the O.D.A. Extended Health Care package to each corporate member, it would be better to have them forward a copy of their present plans to C.D.S.P.I. for comparison and evaluation.

Dr. Moran said, as a result of the discussion on eligibility at the C.D.A. Board meeting, the C.D.A. had requested C.D.S.P.I. to provide them with a detailed statement of eligibility for any part or all of our Plans right across the board. When this is completed it will be made available to everyone and if any areas are questionable, they will be elucidated and possibly a further step may be taken by looking at alternatives in any area where improvement could be made.

Replying to Dr. Locke's question regarding the need for some immediate notification as the result of the motion made at the C.D.S.P.I. May Board meeting, "that participation in the program is contingent on membership in the C.D.A. and/or Provincial Corporate members of the C.D.A.", Dr. Moran said, that this matter is under scrutiny by the C.D.A. but they are not prepared to go for that recommendation until all of the information is completely documented.

MOTION #3

Giguere/Turcotte

"THAT THIS ANNUAL MEETING RATIFY ALL THE
ACTIONS AND BUSINESS AS TRANSACTED BY THE
BOARD OF DIRECTORS AND MEMBERS OF C.D.S.P.I.
IN THE PAST YEAR."

Unanimous.

Dr. Giguere moved the adjournment of the meeting.

The Active Members were invited to attend the luncheon at 12:30 p.m.
and remain for the C.D.S.P.I. Board meeting to follow.

APPENDIX A

MOTIONS FROM THE ANNUAL MEETING OF C.D.S.P.I. HELD ON SUNDAY, SEPTEMBER 28/80

MOTION #1

Turcotte/Covit

"THAT THE AUDITED FINANCIAL STATEMENTS BE ACCEPTED
AS PRESENTED."

Unanimous.

MOTION #2

Anthony/Robertson.

"THAT THE FIRM OF MILLARD, DESLAURIERS & SHOEMAKER
BE APPOINTED AUDITORS FOR THE PERIOD APRIL 1, 1980
TO MARCH 31, 1981."

Unanimous.

MOTION #3

Giguere/Turcotte

"THAT THIS ANNUAL MEETING RATIFY ALL THE ACTIONS
AND BUSINESS AS TRANSACTED BY THE BOARD OF DIRECTORS
AND MEMBERS OF C.D.S.P.I. IN THE PAST YEAR."

Unanimous.

APPENDIX B

<u>NET PREMIUMS</u>						
	<u>1978</u>	<u>1979</u>	<u>% 1979 1978</u>	<u>1980</u>	<u>% 1980 1979</u>	<u>% 1980 1978</u>
Life	\$1,022,646	\$1,223,241	19.6	\$1,358,210	11.0	32.8
Dependent Life	43,608	57,149	31.1	67,279	17.7	54.3
L.T.D.	1,511,788	1,689,775	11.8	2,109,792	24.9	39.6
Office Overhead	<u>667,338</u>	<u>768,948</u>	<u>15.2</u>	<u>974,078</u>	<u>26.7</u>	<u>46.0</u>
Total	\$3,245,380	\$3,739,113	15.2	\$4,509,359	20.6	38.9
A.D.&D.	\$ 140,417	\$ 172,377	22.8	\$ 192,409	11.6	37.0
Office Contents)						
Earnings)	\$ 425,321	\$ 555,540	30.6	\$ 693,050	24.8	62.9
C.G.L.)						
Malpractice	<u>\$ 333,478</u>	<u>\$ 397,898</u>	<u>19.3</u>	<u>\$ 445,960</u>	<u>12.1</u>	<u>33.7</u>
Total	\$ 758,799	\$ 953,438	25.7	\$1,139,010	19.5	50.1
Grand Total Net	\$4,144,596	\$4,864,928	17.4	\$5,840,778	20.1	40.9
Grand Total Gross	\$4,766,285	\$5,594,668		\$6,716,895		

This list gives an indication of the growth in the different plans, when comparing 1979 with 1978, 1980 with 1979 and 1980 with 1978. The dollar amounts represent net premium. The premium collected from the participants is 15% more (referred to as gross premium). In 1979 the total premium collection increased by 17.4%. In 1980 the increase over 1979 was 20.1%. When comparing 1980 with 1978, the increase in premium was 40.9%.

DENTAL MATERIALS AND DEVICES

REPORT OF THE CDA COUNCIL ON DENTAL MATERIALS AND DEVICES TO THE 1981 INTERIM BOARD OF GOVERNORS

Members: Dr. R.Y. Barolet, Quebec City, Chairman
Dr. P.C. Desautels, Montreal
Dr. D. Gau, Edmonton
Dr. L.M. Gourley, Saskatoon
Dr. L.N. Johnson, London
Dr. D.W. Jones, Halifax
Dr. P.T. Williams, Winnipeg
Dr. D.L. Thompson, Calgary, Executive Liaison

Non-Members Usually Invited to Attend Meetings:

Dr. P. Blais, Health Protection Branch
Health & Welfare Canada
Dr. J. Stanford, Council on Dental Materials
American Dental Association

Council Meeting

1. One meeting of the Council was held at the Ottawa headquarters on November 19, 1980, since the last Board of Governors meeting.

2. CDRF Award

All graduate students eligible for submitting papers for the Award were contacted personally by letter to inform them of the rules to be followed for submission of papers and awarding of prizes.

3. An article for publication in the Journal has been prepared and is scheduled to appear in the February issue. This article gives some historical background and will service to publicize the Award. Subsequent issues of the Journal will carry bilingual reminders that the CDRF Award is available.
4. Only one entry has been received this year. It is a submission from a graduate student at the University of Toronto. It will be sent to referees for appraisal shortly. If the paper does not meet the necessary standards, it will not be considered, and the recommendation will be made to not award the prize this year.

5. Dental Standards

Most of the members of Council are involved in the preparation of dental standards, both at the International and National level. The last International meeting was held in Berlin, W. Germany in September 1980 and

DENTAL MATERIALS AND DEVICES

Dental Standards - continued

the Canadian delegation was quite active. Some thirty or so standards are being prepared on dental items that vary from glass ionomer cements to dental operating units and chairs. Canada is showing a leadership role in this activity, having the chairmanship and secretariat of the most active working group - Filling Materials.

6. On the Canadian level, a meeting of the Technical Committee on Dentistry of the Canadian Standards Association was held in November 20, 1980 with all of the Council members in attendance. After detailed discussions took place on standards which were under consideration, the subject was changed to financing of the Committee. It was pointed out that the only source of financing that had been received to date was from an insurance company, i.e. the Sun Life Insurance Company. It was agreed that further funding from agencies such as the federal and provincial governments must be made available in order to fully implement a standards writing and testing program in Canada.

Accordingly, letters to the various federal and provincial ministers involved have been sent by the Chairman of the Committee, Dr. Derek Jones. In his letter, it is pointed out that the Canadian contribution to dental standards activities is minimal compared to programs in similar countries like the United States, the United Kingdom, Australia, Germany, France, the Scandinavian Countries, etc. It is anticipated that a sympathetic response will be received from the governmental authorities.

7. Medical Devices Regulations

Discussions were held with a representative of Health & Welfare Canada on the mechanism presently in place to recall dental products from the marketplace. Specifically, the Council deplored the fact that it - and indeed the profession at large - did not receive official notification prior to, or at the moment of, the recall notices.

8. It was decided that the Council, through the Executive Council, would forward a letter to the Ministry of Health and Welfare Canada, deploring the events that took place previously and requesting a meeting so that a methodology could be developed to give warnings to the dental profession when such incidents repeat themselves.

9. Mercury Contamination

After discussion on this subject, Council suggested that a pilot study be undertaken in a selected area in the Maritimes to determine the levels of mercury contamination in dental offices. This area was selected because the necessary detection equipment is available at Dalhousie University. An attempt to secure the needed detection equipment through the auspices of the Health Protection Branch failed to materialize.

DENTAL MATERIALS AND DEVICES

Mercury Contamination - continued

10. Dr. Derek Jones, who would carry out the study, briefly explained the proposed testing program. The protocol is described in greater detail in the January, 1981 issue of the Journal. Dr. Jones pointed out that some charges would be incurred in carrying out this project, specifically travel costs, technicians salaries and supplies. He estimated this to be about \$2,000. Accordingly Council proposed the following:

11. *That the Council on Dental Materials and Devices recommend to the Executive Council that they support a pilot study on mercury contamination in dental offices, as proposed by Dr. D. Jones, and that financial support in the amount of \$2,000 be made available to Dr. Jones for this study to cover the cost of technicians, travel costs and supplies.*

NOTE: The Board of Governors notes that the \$2,000 has been granted for the pilot study and that results of the survey will be forwarded to CDA.

12. Status Reports

The Council noted with pleasure the prominence given by the Journal to the status reports published on crown and bridge metals and microfilled resins. Work is progressing on status reports on dental ceramics, veneering materials, impression materials, dental liners and soft products and dental cements.

13. Tariffs on Dental Materials

The Council was made aware of a letter to be sent to the Honourable Allan MacEachen from the CDA President on the recent tariff changes in the latest Federal Budget. The Council moved the following:

That the Council on Dental Materials and Devices actively supports the action of the President of the Canadian Dental Association in applying to the Minister of Finance for tariff relief on the items listed under dental materials.

NOTE: The Board of Governors accepts with thanks the support for action that is underway.

Respectfully submitted,

R.Y. Barolet, Chairman
Council on Dental Materials
and Devices

ADOPTION OF REPORT

The Board of Governors accepts the Report of the Council on Dental Materials and Devices with thanks and appreciation.

HEALTH CARE

REPORT OF THE COUNCIL ON HEALTH CARE TO THE 1981 INTERIM BOARD OF GOVERNORS

Members: Dr. R.J. Sexton, Islington, Chairman
Dr. R. Bartalos, Ancaster, Ontario
Col. J.F. Begin, St. Hubert, Quebec, CFDS
Dr. P. Belisle, Pointe Claire, Quebec
Dr. A.D. Crocker, Tignish, P.E.I.
Dr. R.M. Dobbs, Winnipeg, Manitoba
Dr. E.F. Freidin, Saskatoon, Saskatchewan
Dr. E. Fukushima, Vancouver, B.C.
Dr. H. Horsman, Riverview, N.B.
Dr. R. Janes, Gander, Newfoundland
Ms. K. MacDonald, CDHA, Halifax, N.S.
Dr. D. MacLeod, Kentville, N.S.
Dr. C. McNichol, Calgary, Alta.
Ms. B. Peterson, CDNA, Calgary, Alta.
Dr. R.N. Hicks, Vancouver, B.C. - Executive Liaison

1. Council has held one meeting (November 10-11, 1980) since the last Board meeting. For the information of the Board of Governors, a list of Committees and Subcommittees is included in Appendix A.

Matters Requiring Board Consideration

2. Many items were discussed at the November meeting and the following are presented for Board approval.
3. CDA Representation to Other Organizations

Members of Council were concerned that these appointments in the past have been made with no continuing record being kept for the use of CDA members and Councils.

RESOLVED: That information concerning appointments by the CDA to other organizations should be disseminated to all CDA members via (a) listing in the CDA Directory of Officials, and (b) publication annually in the CDA Journal; and further

That a report from CDA appointees should be returned through the appropriate Council and/or Executive Council so that the CDA can be kept abreast of such information.

ADOPTED

NOTE: The Board agrees and notes that this is being implemented.

4. Occupational Health Hazards

Council spent considerable time in discussing this topic in an effort to decide how to proceed. Members felt that the way day-to-day performance of our duties affects our health is extremely important. Members also felt that quite possibly a large percentage of CDA members are not fully aware of all hazards and how to minimize them. It was Council's decision that the CDA should take a two-step approach. Step one - a fact finding survey to discover the profession's awareness and step two, if necessary, an education program directed to the practising dentist. To this end a preliminary investigation was carried out by Col. Begin.

HEALTH CARE

Occupational Health Hazards - continued

It was suggested by Executive Council that this topic be listed as a research topic at this time because of the expense that would appear to be involved in carrying out further study.

NOTE: The Board notes that the CDA Journal will be carrying several articles on this topic in future, as submitted by Col. F. Begin.

Guidelines on School Dental Accident Insurance

Council reviewed Guidelines as presented by the Prepayment Programs Subcommittee. It was felt that the CDA should have a policy on this topic as there is a wide variation between plans in Canada. These Guidelines are included in Appendix B.

RESOLVED:

That the Guidelines on School Dental Accident Insurance be approved and returned to the Annual Board of Governors meeting in August, 1981, with amendments as set forth:

- 5A (ii) - addition of "or prior to the 21st birthday of the insured beneficiary."*
- 5A (iii) - be deleted*
- 6(1) - be changed to read: "The school board should ensure that the policy offers payment options when premiums become a difficulty for the subscriber".*

ADOPTED

HEALTH CARE

6. Dentistry for the Disabled

The Subcommittee on Dentistry for the Disabled presented a report to Council and a need was expressed for two pamphlets on this topic. One of the pamphlets would be directed to dentists treating the disabled patient, and the other would give instruction in proper dental home care of the disabled person.

RESOLVED:

That a request for publication of the pamphlet "Dentistry for the Handicapped" be forwarded to the Council on Information Services, to be given high priority in 1981.

ADOPTED

RESOLVED:

That a pamphlet on instruction for home dental care for the disabled be developed.

ADOPTED

NOTE: *The Board agrees and notes that this has been turned over to the Council on Information Services.*

7. Uniform System of Coding and List of Services

Council was advised of the completion of the revised booklet, Uniform System of Coding and List of Services, which has been forwarded to all of the presidents and chief executive officers of the corporate bodies. It is available in both English and French on request. It is now our intention to distribute revised sections on an annual basis.

8. A considerable debate was held over the implications of the Board's rejection of a proposed procedure code because it pertained to a procedure that was not universally accepted or performed. Council felt that the U.S.C. & L.S. should be construed only as a list (complete or partial) of possible dental procedures. Inclusion of a procedure should not imply acceptance or rejection of such procedure.

HEALTH CARE

Matters Requiring Board Action

Uniform System of Coding and List of Services - continued

9. The following addition to the preamble to the U.S.C. & L.S. was recommended:

" That the inclusion of a procedure number in the U.S.C. & L.S. does not necessarily connote approval of a procedure but only delineates a specific number for a specific service.

The ultimate responsibility for listing of services in a fee guide is a provincial responsibility."

DEFEATED

NOTE: *The Board disagrees in deference to previous Board action.*

10. Because of valid points and concerns arising in the above-mentioned discussion, namely that it is unclear whether the Uniform System of Codes and List of Services is primarily prepared to satisfy the needs of third party carriers or dentists looking for a uniform code of all potentially usable dental procedures or dentists looking for a uniform code of all dental procedures accepted by Canadian dentistry, Dr. McNichol will bring this forward for discussion at the next meeting of Council in order to resolve this question.
11. At the September, 1980 Board meeting a motion requesting approval of procedure codes listed below was defeated. Council reviewed this action and after discussion, it was agreed that there was still a use for these codes and that they should be available for those provinces desiring them. As such, Council resubmits the following recommendation, hopefully for Board approval:
12. RESOLVED: *That procedure numbers 11101 Prophylaxis, no scaling, deciduous dentition; 11201 Prophylaxis, no scaling, mixed dentition; and 11301 Prophylaxis, no scaling, permanent dentition, be included in the Uniform System of Codes and List of Services.*
- ADOPTED
13. C.O.P. System
- Council had another discussion regarding the ongoing dilemma of this philosophy. The subject has been debated and bounced back and forth between the Board of Governors, Council on Health Care and Council on Education for more than half a decade. We now feel it is impossible to achieve nation-wide consensus and present the following recommendations:
14. RESOLVED: *That the C.O.P. System as presented to the Board of Governors by the Council on Health Care in 1977 not be pursued at this time.*

ADOPTED

HEALTH CARE

Business Requiring Board Action:

15. Alternate Delivery Systems

There is increasing interest in alternate means of delivering dental services and Council felt that the CDA should investigate the ramifications to the profession. In this way, the Association will best be able to formulate policies, if necessary.

16. Because Council felt this subject is better handled by a subcommittee, a subcommittee has been formed to investigate capitation dentistry, to come under the Committee on Programs and Services. Terms of reference will be developed for Council's next meeting and investigation will begin on the topics of capitation, retail dentistry, etc.

Actions of Council, For Board Information

17. Fluoridation

Council has suspended the function of the Fluoridation Subcommittee pending receipt of the Clarke report.

18. Dental Health Plans for Children

Council received this document which had been reworded by the Executive. Several suggestions were returned to them.

19. Radiation Protection

The Health & Welfare report entitled Guidelines for the Control of Radiation in the Dental Office was forwarded to Dr. A. Ruprecht for comment and evaluation.

20. Preventive Dentistry - Health & Welfare Canada Publication

Members of Council have been asked to read this publication and forward comments to Dr. Begin of the Public Health and Preventive Dentistry Committee. It is Council's intention to report to the Board on areas of agreement or disagreement with CDA policies.

HEALTH CARE

Actions of Council, for Board Information

21. Standard Claim Forms

The Prepayment Programs Subcommittee is in the process of reviewing treatment plan forms in use for periodontists, to enable it to make a recommendation regarding a CDA standard form.

22. Publicly Funded Dental Plans

An update on this subject is being prepared for Council's next meeting, utilizing information provided by the provincial representatives to Council on Health Care.

Respectfully submitted

R.J. Sexton, Chairman
Council on Health Care

ADOPTION OF REPORT:

The Board accepts the Report of the Council on Health Care with thanks.

COUNCIL ON HEALTH CARE

Committee on Public Health & Preventive Dentistry

Dr. E. Freidin, Chairman

1. Fluoridation Subcommittee - Dr. E. Freidin
2. Nutrition Subcommittee - Dr. H. Horsman
3. Radiation Protection Subcommittee - Dr. R. Janes

Committee on Dental Programs & Services

Dr. R. Bartalos, Chairman

1. Dentistry for the Disabled - Dr. H. Horsman
2. Geriatric Care Subcommittee - Ms. K. MacDonald
3. Prepayment Programs Subcommittee - Dr. R. Bartalos
4. Publicly Funded Dental Plans - Dr. D. Crocker
5. Uniform System of Coding &
List of Services Subcommittee - Dr. C. McNichol
6. Alternate Delivery Systems
Subcommittee - Dr. P. Belisle

Committee on Dental Auxiliaries

Dr. E. Fukushima, Chairman

GUIDELINES ON SCHOOL DENTAL ACCIDENT INSURANCE

With respect to school dental accident insurance, the Canadian Dental Association endorses the principles that coverage should be such that:

- a) the benefits paid for dental accidents should be sufficient to permit restoration of damaged oral structures to a state of health, and
- b) treatment services relating to accidents may be performed when appropriate and designated by the attending dentist, up to the 21st birthday of the insured beneficiary.

1. Emphasis should be on basic medical and dental care because the dental benefit and the medical fractures benefits are the chief reasons most parents purchase these plans. Extra benefits such as life insurance should be an additional option and the decision to purchase these should be left to the parent.

When a plan offers two levels of basic accident/medical coverage, such as school-day-only coverage, these should be clearly delineated and separated from any life insurance options, and identified in lay language in the brochure. Parents should not have to interpret the words 'limited' coverage and 'broad' coverage as meaning accident coverage 'plus life insurance' or 'minus life insurance'.

2. Coverage should be 24 hours per day, 365 days per year, and instituting 'limited' coverage -school-day-only - should be discouraged. The 'limited' coverage option should be clearly described in lay language so parents would realize its limitations compared with the slightly more costly 'broad' or full-time coverage.
3. With 'full-time' coverage, the insured would be covered anywhere in the world during the term of the policy (vacations, school trips, camp, etc.)
4. If the family has other major medical or extended health benefits, or equivalent, the liability should be shared cooperatively with any such related coverage. These plans are forbidden by law to cover any service covered by government plans, but some parents are not aware of this.
5. Comprehensive Dental Accident Reimbursement

- A. (1) Should cover natural teeth and natural teeth with 'caps' or crowns, and artificial teeth (whether fixed or removable).
- (11) There should be no limit on payments for expenses incurred within 156 weeks (3 years) of the accident.
- (111) Reimbursement shall be for the usual and customary fee for services charged by the dentist but not to exceed the suggested fees listed in the current Provincial Suggested Fee Guide.

Comprehensive Dental Accident Reimbursement - continued

- (IV) Upon request a report form should be filled out by the dentist and given to the parent. The subscriber should then fill out his portion of the report and forward this to Administrative Agent or the Insurance Company.
- (V) Since a detailed report involves additional time, a fee per unit of time for any additional written reports if they are required may be charged by the dentist and paid by the insurer.
- (VI) In the event that a tooth or teeth are lost, transitional removable prosthetic appliances should be covered with the provision for future replacement of these teeth with a fixed prosthetic appliance (i.e. bridge) when dental development is complete.

B. Future Treatment (beyond 156 weeks)

- (1) The insurer should state clearly and concisely that future payments for future treatment may not cover all of the costs involved for that treatment because of the limitation of benefits and the difficulty in calculating exact costs so far ahead, and that the patient will be liable for any such difference in fees at the time treatment is rendered.

6. Premiums

- (1) The school board should be sure that the policy offers options when premiums may become a difficulty for the subscriber.
- (11) There should be a reduction in premium for 3 or more children in a 'family plan' package.
- (111) The enrolment period should be kept open. Pupils enrolling after September should be given an application form and the opportunity of enrolling at any point in the school year.

7. Claim procedures are to be identical with that set out in the Canadian Dental Association's manual for completion of claim forms. They are also to be consistent with all Provincial policies on prepaid plans and standards for prepaid plans. The Provincial standard claim form and the procedure codes of the Canadian Dental Association shall be utilized.

8. It should be mandatory that each child taking part in school-organized and/or supervised contact sports wear an intra oral mouth guard. The result could very well reduce the premiums, or permit upgraded coverage by preventing many major and minor dental injuries.

COUNCIL ON HOSPITAL SERVICES

REPORT OF THE CDA COUNCIL ON HOSPITAL SERVICES TO THE 1981 CDA INTERIM BOARD OF GOVERNORS

Council Members: M. Gornitsky, Montreal, Chairman
K.M. Gordon, Edmonton
A.E. Hoffman, Halifax
J.H.P. Main, Toronto
W.H. Sussel, Chilliwack

Executive Liaison: D.L. Thompson, Calgary

1. Council Meetings

The Council on Hospital Services has held one meeting since the September 1980 meeting of the Board of Governors, on January 23, 1981. All members of Council and the Executive Liaison representative were present.

2. Item of Business to Be Discussed

After a lengthy discussion of the pros and cons of conjoint surveys, Council were of the opinion that CDA membership on the Canadian Council on Hospital Accreditation would be of great benefit to hospital dentistry in Canada. The following motion was passed unanimously by Council.

RESOLVED:

"Whereas accreditation of hospital dental services or departments is currently being done to inadequate standards by the Canadian Council on Hospital Accreditation, and

Whereas inclusion in the CCHA accreditation process of properly conducted accreditation of hospital dental services or departments would result in general improvement of hospital dentistry across Canada;

Be it resolved that the Council on Hospital Services advises the CDA to actively seek membership in CCHA; immediately, a meeting of representatives of CCHA and CDA should be convened to discuss this membership."

ADOPTED

COUNCIL ON HOSPITAL SERVICES

3. ITEMS OF BUSINESS FOR INFORMATION

(1) Surveys Completed

Only one survey has been carried out since the last meeting of Council. This was the conjoint survey of the Dr. Charles Janeway Hospital, St. John's, Newfoundland. Council awarded full Approval to the Dental Service at this hospital.

(2) Accreditation of Institutional Dental Services - Questionnaire

The proposed questionnaire to be circulated to Provincial Directors of the Ministries of Health has been formulated. A number of changes were made by Council in the interest of clarification.

(3) Proposed Core Workshop

It had been Council's intention to hold this Workshop in June 1981. However, if Board approves the Council's recommendation to seek membership on the Canadian Council on Hospital Accreditation and CDA is successful in such application, the survey process would change and Council, therefore, decided to postpone this Workshop until the outcome of these negotiations is known.

The Chairman will set up a tentative Agenda for the Workshop for presentation to Council at its next meeting in June.

(4) Categorical Determinants

It was decided that this document would be used as a check list by surveyors. Space for surveyors' signatures, name of hospital, etc., will be added to form. This document will also be included in materials mailed to hospitals requesting surveys.

(5) Hospital Dental Departments in Canada - Questionnaire

Dr. J.A. Hargreaves, Director of Graduate Studies & Research at the University of Alberta, has circulated a questionnaire to hospital dental departments in Canada. Council believes the information collected will be of interest to CDA and staff has been instructed to request a copy of the information received through the questionnaire, from Dr. Hargreaves.

COUNCIL ON HOSPITAL SERVICES

(6) Accreditation Surveys

At the present time 33 programs in 21 hospitals hold CDA Approval status.

Three requests for survey have been received from programs which have not been accredited previously and several hospitals have indicated that they are interested in accreditation when the time is more appropriate, e.g. they are awaiting appointment of new Chief of Dentistry, program not yet fully operational, etc.

Ten surveys are at present scheduled to be carried out this year.

Respectfully submitted,

M. Gornitsky,
Chairman,
Council on Hospital Services.

ADOPTION OF REPORT

The Board accepts the Report of the Council on Hospital Services with thanks.

COUNCIL ON INFORMATION SERVICES

REPORT OF THE CDA COUNCIL ON INFORMATION SERVICES TO THE 1981 CDA INTERIM BOARD OF GOVERNORS

Council Members:

Chairman: Dr. A.E. MacLeod, Halifax
Dr. M. Carvonis, Hull
Dr. Y. Kamachi, North Bay
Dr. D. Scramstad, Surrey
Executive Liaison: Dr. J. Laporte, Quebec

Council Meeting

1. Since the 1980 September Board of Governors Annual Meeting the Council has met once, January 16, 1981.

Matters of Business to be Discussed

Council considered a number of suggestions as to the role it should play as a Council in addition to its present responsibilities for National Dental Health Month, production of pamphlets and administration of the film library and film reviews.

Council discussed its role under two categories:

- Better Information Within the Profession
- Better Information to the Public

Better Information Within the Profession

2. Newsletter

Council felt there was a need for better information between Councils and Committees and suggested a summary report from each Council be distributed to other Councils indicating what had been discussed at their last meetings. It was felt that such a move would make all Councils aware of similar problems.

RESOLVED:

That the Department of Communications issue a newsletter on a regular basis summarizing
1) ongoing business of Councils
2) ongoing business of CDA
and further, that distribution of the newsletter be to all Councils and their Members and Office Bearers of the Association.

ADOPTED

COUNCIL ON INFORMATION SERVICES

Speakers' Bureau

It was proposed that knowledgeable spokesmen should be made available to promote CDA within the profession and to report back on grassroot feelings. It was suggested speakers should be accredited by standards set by CDA. It was noted that QDSA membership tripled through the use of a Speakers' Bureau in Quebec.

RESOLVED:

The formation of a bureau of CDA - accredited speakers to disseminate information about

- 1) *Key Topics*
- 2) *Official CDA policy on current areas of importance.*

The Board expresses interest in this proposal and recommends the following: That the Council on Information Services be requested to prepare a feasibility report including the structure of this bureau, the number of speakers involved, the potential financial requirements, the extent of the functions of this bureau, etc.

ADOPTED

4. Convention Booth for CDA Council Chairmen and Members

It was proposed that a convention booth at the CDA annual meeting be manned by rotating Councils, each responsible for specified hours to answer questions. It was suggested that minutes and reports of each Council could be made available and discussed at that time.

That convention booths for CDA council chairmen and members be implemented.

DEFEATED

5. Role of Council - Better Information to the Public

It was agreed that a speakers' bureau designed for the public was covered under the previous speakers' bureau motion.

COUNCIL ON INFORMATION SERVICES

Media Workshop

That the recommendations of December 10, 11, 1979 proposed by the Council on Information Services for the CDA media workshop be implemented, and that the September 12, 1980 report from ADA be included in the recommendations.

APPENDIX A

DEFEATED

NOTE: The Board disagrees and awaits the Report of the Workshop on Priorities.

7. Speed of Decision Making Within CDA

Following its motion to the annual meeting of the Board of Governors, Council recognizes that the Board indicated Management Committee has the power to make decisions immediately, however, the vast majority of all decisions made by CDA percolate through a six month cycle geared to two Board meetings a year.

That the Board of Governors seriously consider increasing the speed of decision making within CDA.

DEFEATED

NOTE: The Board disagrees in deference to its previous decision.

8. Pamphlet

A Consumers' Guide to Dentistry

There was strong opposition to the above pamphlet. It was felt the pamphlet could not be published because readers of such a pamphlet could likely make invidious comparisons between dentists using varying but reasonable styles of practice. It was suggested that if a national group such as the Consumers' Association of Canada wished to produce such a pamphlet CDA should offer its assistance. It was pointed out that similar pamphlets are not produced by CMA, OMA the lawyers or the accountants.

RESOLVED:

That a Consumers' Guide to Dentistry pamphlet not be produced.

ADOPTED

COUNCIL ON INFORMATION SERVICES

Items of Business Not Requiring Board Action

a) National Dental Health Month

National Dental Health Month Chairman Dr. Michel Carvonis reported on the NDHM workshop held August 25, 1980; he displayed the new poster with the slogan Good Mouthkeeping in English and Un sourire, un ami in French. The names of the individual provinces and the national organization will be imprinted on each poster for each province, and the decals will carry the slogan. Three hundred and sixty NDHM kits have been distributed in English and the French kit is in translation with CDA assuming translation and reproduction costs. Radio spots have been produced in English and are now in French translation (as of this writing) and the TV promos used last year with Shari Lewis will be used this year, each province to receive a free promo for reproduction purposes and bearing the name of the provincial organization and the national organization. A television promo in French is in the works. Letters will be sent to national organizations with outdoor billboards asking them to promote National Dental Health Month.

A picture depicting NDHM chairman Dr. Carvonis showing parents how to care for their handicapped child's dental needs will be arranged if possible, to kick off the national campaign.

b) CDA Pamphlets

As reported earlier the pamphlet A Consumers' Guide to Dentistry has been scrapped.

The following is a report on pamphlet production:

Completed

Dangerous in Bed

Dental X-Ray Show Hidden Problems

Protect That Mouth - November Journal (Inserted)

Do You Have Periodontal Disease? - September Journal (Inserted)

Save That Tooth - December Journal (Inserted)

In Production

Choosing A Career? - Dentistry - now in printing stage

Do It Yourself Oral Hygiene - awaiting 24 visuals to go into production

COUNCIL ON INFORMATION SERVICES

To Executive Council

Smoking and Oral Health/Do you Smoke? Have your Mouth Checked

Get That Tooth in Line

In Progress

Update of "Broken and Infected Teeth" and a second pamphlet on restorative dentistry - being prepared by Dr. R.E. Jordan, Chairman of Restorative Dentistry, University of Western Ontario.

Update of "Do's and Don'ts for Dentures" and a second pamphlet on removable prosthetics - being prepared by Dr. Larry Lawrence.

Paedodontics pamphlet - being prepared by Dr. Frank Pulver.

Dental Care for the Handicapped - first copy expected end of January. Reported the Council on Health Care has asked for a push on this pamphlet with orientation towards parents teaching their children.

Distribution of newest pamphlets

APPENDIX B

c) Film Service

A new projector has been sent to film reviewer Dr. Y. Kamachi and he will begin the film reviews immediately starting with films from the Canadian Film Institute of the National Film Library to determine the desirability of their listing within CDA resource material.

- d) In its discussions on the Role of Council - Better Information to the Public, the Council discussed better alliance with non-dental groups. "The Council on Information Services approves of the alliances made by CDA and would like to see more." While this was not made as a formal motion, it was agreed the statement should be included in the Council's report.

Respectfully submitted,

Dr. A.E. MacLeod,
Chairman,
Council on Information Services

ADOPTION OF REPORT

The Board accepts the Report of the Council on Information Services with thanks and appreciation.

APPENDIX A

Council on Information Services recommendations for media workshop

Minutes of the Meeting, December 10, 11, 1979

- a) There should be a media workshop of two days duration in Ottawa by experts for senior officials of CDA.
- b) If successful this service should be offered to the Corporate Members.
- c) The workshop should be coached by the American Dental Association.
- d) Eventually a Canadian team would take over the coaching responsibilities.
- e) Investigate a piggy back concept with the ADA.
- f) Approach a Canadian company to see if it has a similar coaching plan.

APPENDIX A

TO: Executive Council, Canadian Dental Association
FROM: Dr. A. E. MacLeod, Chairman Council on Information Services

REPORT: NEW YORK SPOKESMAN TRAINING SEMINAR; JUNE 14 - 15, 1979

Participants: 24 trainees; 23 dentists; plus one lady (head of the New York State Dental Auxilliary)

Seminar Faculty

Ted Murphy, ADA staff (ex. Burson & Marsteller, P.R. consultants)
Marlene Williamson, ADA staff (Manager PEP Program)
Eugene Anderson (Burson & Marsteller) P.R. consultants)
Gale Sheldon (Burson & Marsteller) P.R. consultants)
ADA staff person plus 1 T.V. cameraman

Commentators

Dr. Sanford Klein, PEP Committee
Dr. Ralph Tarullo, PEP Committee
Mr. David Schultz, Director of Communications, N. Y. State Dental Society

P.E.P. Seminar - Reasons for being:

1. How the public see dentistry's message in the media is more important than the message content. Reason - If the viewers do not become interested in the speaker, they won't listen to his or her message.
2. Dental facts are difficult to put over effectively in the media because they tend to be technical.
3. Media interviewers are always laymen.
4. If dentists are going to stand a chance of putting over the message of dentistry successfully in the media, then the basic facts of interviewing reality have to be digested first.

Some Interviewing Basics:

1. Never accept interview invitation without knowing which topic is going to be discussed.
2. Take offer of "live" interview over taped every time since "live" cannot be edited.

N. Y. Spokesman Training Sem. Contd.

3. Prepare two clear points you want to get across in the interview.
4. Start your responses on a positive note.
5. Work to take over control of interview from interviewer. This increases the chances of getting your points across within the interview time limit.

Seminar Format:

The seminar was a mixture of content and practice. The content consisted of lecturettes, written material and video-tapes of actual and teaching interviews. Practice comprised video-taped interviews, practice speech-making, and faculty-requested comment from trainees. I was interviewed on Denturism in Canada. This interview experience, the video-tape playback, and the critique by the coaches were all highly informative. However, not everybody on the course got to be interviewed.

I understand that American executives pay thousands of company dollars for this type of media coaching. The cost of a P.E.P. seminar to participating state societies is three thousand dollars for the two-day program. If C.D.A. was to invite a P.E.P. coaching team to Ottawa, my guesstimate of the total cost would be around six thousand dollars.

Conclusion:

The seminar was highly effective in conveying to the participants the basic facts of media interviewmanship. However, the number of participants (24) is, in my opinion, too large to coach everyone thoroughly. A smaller number would be more efficient.

I understand that the A.D.A. has been giving P.E.P. seminars in the States for five years and has graduated 500 dentists from this program. I have not the slightest doubt that it would be definitely advantageous for Canadian dentistry if C.D.A. set up a media workshop for dental spokesmen along the lines of a P.E.P. seminar.

Perhaps the first participants should be senior C.D.A. officials. Thereafter, the workshop could be offered as a C.D.A. service to corporate members. If a C.D.A. media workshop is initiated, then I think it would be wise to use Canadian P.R. personnel. However, to get the program off on the right foot perhaps the A.D.A.'s P.E.P. team could be invited to Ottawa for one occasion only, and the selected Canadian P. R. team observe them in action with a view to using the A.D.A.'s experience in subsequent workshops.

APPENDIX A

N. Y. Spokesman Training Sem, Contd.

The above are starting suggestions only, as I appreciate there are a variety of factors to consider..

Finally, I want to record the outstanding generosity of the American Dental Association towards a C.D.A. representative at their New York seminar, I can't imagine them being more helpful and informative to me during the two day program. They were also most hospitable in the evening and promised to give C.D.A. all possible assistance in the future concerning a Canadian media workshop.

Sincerely,



Alexander E. MacLeod
Chairman
Council on Information Services

AEM/sam
27/June/79

Copies: Executive Director
Director of Communications
Council on Information Services



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

September 12, 1980

Dr. John Coady
Executive Director
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
U.S.A.

Dear John:

Some time ago our Council on Information Services expressed its concern about the inability of many of our opinion leaders to deal effectively with the media.

It is my understanding that through your public education programs, you have developed a media workshop format to aid members of your Association in this regard. It would be appreciated if you could provide me with information about the developmental process, implementation and present status of this program.

Hopefully the CDA wishes to pursue this endeavour in the very near future and one consideration could be the utilization, at least initially, of your personnel or agency involved in the program. Basically, my thoughts are that if we ran a similar workshop with our own Executive Committee (9-12 people) with your consultants as resource CDA could quite well develop its own format. Any help you can give me in this matter is appreciated.

Best regards,


Hubert Drouin
Executive Director

HD:ssd



AMERICAN DENTAL ASSOCIATION

211 EAST CHICAGO AVENUE, CHICAGO ILLINOIS 60611 * AREA CODE 312 440-2500

October 10, 1980

Mr. Hubert Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
CANADA K1G 3Y6

Dear Mr. Drouin:

Your letter requesting information on our media workshop was referred to me, the new manager of spokesmen services. I was glad to hear of your interest in communication training; I think a dental leader who can effectively present the positive story of the dental profession to the media and the general public is one of the greatest resources a public relations program can have.

The Inter-Agency Committee of the ADA has recently approved changes in the spokesmen training program. I have enclosed a copy of the meeting report that provides a general picture of our past program and our plans for the 1981 program in spokesmen training and placement.

You will probably be most interested in the description of how the workshops fit into our total spokesmen program.

In 1981, we will be conducting two types of spokesmen seminars. The first, as the report suggests, will be a series of six two-day seminars for the national spokesmen, which include our officers and trustees. This intensive training program in media interview skills will be conducted by: 1) communication trainers from our P.R. agency, 2) spokesmen training and media relations staff from the ADA Bureau of Communications, and 3) our experienced spokesmen from the consumer advisor program.

Mr. Hubert Drouin
Page Two
October 10, 1980

APPENDIX A

We are soliciting bids from several agencies for this training program. The guidelines we have set for the program are as follows:

1. Informational presentations on media skills, using slides and videotapes of actual interviews as examples. Presentation should cover:
 - how to prepare for an interview
 - how to relax in front of a camera
 - appropriate dress and body language on-camera
 - what the media is looking for in an interview
 - types of interviewers
 - how to answer both positive and negative questions.
2. Actual on-camera interviews for each of the participants, followed by discussion and critiques.
3. Individual conferences with some of the participants. (Occasionally, certain spokesmen will need specialized or more extensive training).

The second program, designed for the constituent and component societies, will be conducted by me, with an ADA Bureau staff person serving as resource person and broadcast consultant. It will contain an abridged version of the media skills presentation outlined above, a section on public speaking techniques, and a discussion of media placement. The dentists are videotaped as they participate in on-camera interviews and platform speaking exercises, and the tapes are replayed and critiqued. I have enclosed a more detailed description of this program.

I am still in the planning stage for the 1981 spokesmen training seminars, so specific details of the agenda and written materials are not as yet completed. However, I am including copies of the materials sent to the seminar participants of the previous year to give you an idea of the type of materials that will be used.

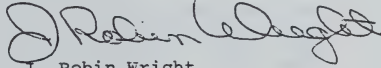
You mentioned that you were thinking about sponsoring a seminar for your Executive Committee, and that you would be interested in having a resource person from our program. I have preliminary approval from Nancy Walker, Director of the Bureau of Communications, to attend your potential seminar as resource person/trainer.

Mr. Hubert Drouin
Page Three
October 10, 1980

APPENDIX A

I think I would really enjoy working with you on a media skills seminar. Please contact me concerning your plans and ideas, or if you need additional material or information. I will be looking forward to hearing from you.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Robin Wright". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

J. Robin Wright
Manager of Spokesman Services
Bureau of Communications

JRW:bm
Enclosure

PURPOSE:

To professionally train dentists and society representatives to communicate the positive story of the dental profession to the general public, the media, and important decision-makers.

METHODS:

Through discussion, examples, and audiovisual presentation, we help dentists clarify and organize their own thoughts on critical dental issues. We provide facts and written materials, and encourage dentists to do their own research on the dental issues.

We sharpen media interview and platform speaking skills through informational presentations. For example, we explain how to:

- . building self-confidence in speaking,
- . organize an understandable and convincing speech,
- . get an audience's attention and establish rapport,
- . feel more comfortable in a media interview,
- . turn a hostile interview question into a positive statement for dentistry.

The program features actual on-camera interviews and videotaped speaking exercises. All tapes are replayed and critiqued. Participants can see themselves in action, and evaluate and polish their own communication style.

We provide instruction on setting up a viable placement program. Two of the topics covered are developing a speakers bureau, and attracting and securing media and platform speaking engagements.

It should be realized that this is not a "hard and fast" program. Seminar methods can be altered to suite the needs of a particular society.

APPENDIX A

MEETING LENGTH:	Two seven-hour days of instruction.
PARTICIPANTS:	The sponsoring organization selects and invites the participants of the seminar. Class size is limited to no more than 20 participants, to insure individualized attention and opportunity for practice for all in attendance.
STAFFING:	A two-person professional team from ADA Bureau of Communications, with the help of a resource person from the sponsoring society, will conduct the seminars.
FUNDING:	The Association provides two ADA trainers, all written materials for the seminar participants, plus \$200 to help reframe the expenses for the sponsoring society. All other expenses - room rental, equipment, a technician, etc. - will be borne by the sponsoring society.
FACILITIES:	Community colleges and dental schools with closed-circuit television usually offer cost-effective meeting space and equipment. Other possibilities are public broadcast television stations, hotel meeting rooms, and advertising agency studios.
EQUIPMENT:	3/4 or 1/2 inch U-matic videocassette playback/recorder Two television monitors Television camera Videocassettes 35 mm carousel slide projector with zoom lens Projector screen Three lavalier microphones Speaker's podium An audiovisual technician
FOOD FUNCTIONS:	Luncheon and coffee service for two days are arranged and provided by the sponsoring organization. (A meal or registration fee can be charged to seminar participants to cover these expenses).

APPENDIX A

HOT TO APPLY:

Eight seminars are available from the ADA in 1981, and constituent and component societies will be scheduled on a first come/first serve basis.

Please send a request and possible meeting dates for your seminar to:

J. Robin Wright
Manager of Spokesman Services
Bureau of Communications
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
312/440-2806

REPORT OF THE BUREAU OF COMMUNICATIONS
ON CHANGES IN SPOKESMAN PROGRAMS

For the past several years, the Association's communications program has included several "spokesman" activities: Consumer Advisors Media Tours, Cost-Shared Spokesman Training Seminars, "Mini" Spokesman Seminars and 500 Spokesman Placements. In executing these activities the services of two outside agencies were utilized. Burson-Marsteller arranged Consumer Advisor tours and conducted Cost-Shared Spokesman Training Seminars; Public Communications, Inc. (PCI) arranged the 500 spokesman placements.

In addition to these ongoing activities, a new spokesman project was budgeted for 1980: the Access Communicator or "superspokesperson" program. The purpose of this activity was to develop a highly trained cadre of national spokesmen to communicate the aims and objectives of the Association's Access Program through major market media, specialized media, and national-level live audience platform placements. The cadre was to include a mix of general practitioners and specialists, black and Hispanic dentists, older dentists, dentists specializing in treating the handicapped, etc.

At its May meeting, the Committee expressed concern about the proliferation of "spokesman activities". It requested staff to thoroughly evaluate this area and report back with recommendations, prior to proceeding with the Access Communicator program. A total of \$53,000 was budgeted for that activity in 1980.

In response to this request, staff has reviewed the various spokesman activities with an eye toward improvement. This evaluation led to the following observations:

Vital Tool: Placement of trained spokesmen in radio, television and newspaper interviews is a vital part of any "state of the art" communications program. The FCC requires broadcasters to devote a certain number of programming hours to public affairs programs in order to be licensed. Because of this, radio and television public affairs directors are constantly in need of competent, public-interest oriented spokespersons. Being a non-profit organization with an obvious public interest orientation, radio and television talk shows represent a communications channel that is readily available to the Association. Spokesman placement programs are one of the most effective ways to reach mass audiences, without having to purchase time or space.

Overlap and Duplication: The addition of the "Access Communicators" or "superspokespersons" to the various other spokesman activities would have created overlap problems and duplication of effort. Experience with both the Consumer Advisor Tours and the Spokesman Placement program has pointed up the fact that there is a "saturation point" on placements in most media markets. Unless a spokesperson is being placed to discuss a specific, timely event, it is difficult to obtain more than one tour of placements in a market during the same year. It would have been extremely difficult to coordinate the placements of the Consumer Advisors, the Access Communicators and the 500 Spokesmen without considerable difficulty. In all likelihood the effectiveness of at least one of the programs would have suffered.

Spokesman Proficiency: Of the ongoing spokesman activities, the Consumer Advisor Tours clearly were the most effective. One reason for this was the proficiency of the spokespersons. This was the result of several factors: (1) more intensive, one-on-one training by Burson-Marsteller; (2) innate communications ability and skills of the individuals selected for the program, and (3) experience. One of the drawbacks of the 500 Spokesman Placements was that it was difficult to control the quality of spokesmanship in that program. Typically, only about half of the placements involved dentists trained in the two-day spokesman training seminars conducted by Burson-Marsteller. Many of the 500 placements involved dentists who had been trained in the do-it-yourself "mini" spokesman seminars or who were component society officers with no spokesman training.

Placement Quality: Another reason why the Consumer Advisor program was deemed the most effective activity was the generally higher quality of placements, in terms of listenership or viewership. An additional advantage was the "media tour" format, which enabled the agency to select the best placement opportunities available in each market -- in radio, television and newspapers. The concept of a "consumer specialist" and the novelty of a woman dentist also provided the kind of "hook" needed to obtain the interest of the top public affairs program directors who are highly selective when it comes to program guests. Although the 500 Spokesman Placements were of high quality, they generally were not on the same par with those obtained for the Consumer Advisors. One of the problems was that the 500 spokesmen had no special "hook" to pique the interest of programmers. During the past few years, PCI has been able to obtain its greatest volume of placements during National Children's Dental Health Week/Month, because that event provided a timely angle for the placement.

In-House Services: The Bureau has recognized for sometime, that if in-house expertise in conducting spokesman training seminars could be developed or recruited, the cost-shared seminars could be conducted by Bureau staff at considerable savings to the Association and its constituent and component societies.

Seminar Content: Spokesman training services provided to constituents and components could be improved in three areas: (1) instruction in platform speaking skills, (2) advice on setting up a media placement program and (3) guidance on establishing a speakers' bureau. Currently, the seminar content focuses almost exclusively on media training, with only a brief section on platform speaking. No instruction is provided on setting up a media placement program or a speakers bureau. Both of these activities should be basic elements of constituent and component public relations efforts.

Flexibility: It would be desirable to build into the spokesman activities even greater flexibility to utilize highly-trained, competent spokesmen into "crisis" situations.

Officer and Trustee Involvement: By virtue of their position as officials of the Association, the officers and trustees carry more "clout" with the media than the average dental spokesperson. The trustees have been used very effectively during the past two years in the regional editorial backgrounders, and the Bureau staff believes the officers and trustees also should be more involved in spokesman activities within their districts. Of course, it is recognized that not all trustees will have the interest or the time.

As a result of this evaluation, the Bureau, during administrative budget reviews, suggested a total revamping of spokesman activities. In developing a new approach to spokesman placement, it set forth the following objectives for improvement:

- (1) Developing control over the quality of spokesmanship: The Association has trained about 1,500 spokesmen in cost-shared seminars during the past several years and only a fraction of those trained are truly skilled communicators. The effectiveness of the spokesman programs would be greatly enhanced if only those spokespersons who have exhibited the greatest ability were utilized in an ongoing spokesman placement program.
- (2) Becoming more selective in arranging placements: The new approach should be more directed toward quality of media placements, rather than volume. Program ratings, quality of program host, and other factors should become priorities in arranging placements for spokesmen.
- (3) Reducing the costs of the spokesman activities: During the past several years, the spokesman activities have been "agency" intensive. This is due in part to the nature of placement work, which requires a tremendous amount of manhours on the telephone. It is simply more cost-effective to contract outside for placement services than to hire in-house staff to perform this activity. Training, however, is a different story. By developing in-house expertise in this area, the Association can not only reduce some of the cost of its spokesman programs, but also improve its services to constituents and components in this regard.
- (4) Tailoring seminar content more to the needs of society's: Suggestions for improving the content of constituent/component spokesman seminars were previously discussed.
- (5) Developing the flexibility to utilize spokesmen to respond to crisis situations: This too was previously discussed. It would seem logical to utilize ADA officers and trustees when feasible to respond to bad publicity and other p.r. crises that arise in their districts.
- (6) Arranging a large volume of local spokesman placements to help publicize special events sponsored nationally by the profession.

Following is a brief description of the spokesman activities budgeted for 1981. In revamping these activities and preparing new budgets for them, the Bureau sought the advice and counsel of both Burson-Marsteller and PCI. The new activities would replace the following current programs: Consumer Advisors; Cost-Shared Spokesman Training; "Mini" Seminars, 500 Spokesman Placements.

National Spokesman Program: In a sense, the new approach to spokesman activities at the national level would be an expansion upon the consumer advisor concept. Some 50, carefully selected dentists with previous spokesman experience, would participate in the program. Their commitment would be to do two, all-expenses-paid, media tours each year. The individuals would serve as ADA spokesmen for a period of no less than one year and no more than three years.

Representatives of the agencies and ADA staff would develop a list of 100 or more dentists who exhibited outstanding spokesman skills in seminars and have received good reviews from the news media following placements. The list would take into account the need for geographic spread, and the need for a mix of general practitioners, specialists, age differences, blacks, Hispanics, women, etc. Each trustee prior to time contacted, would approve of the individuals from his district that had been selected to be contacted about the program. At that time the trustees also would be invited to submit any additional names they might have. Upon receiving approval from the trustees, the individuals on the list would be contacted about the program. If interested they would be asked to send video or audio tapes of their recent placements, newspaper articles in which they were interviewed or news media references. Based upon these submissions, agency representatives and staff would invite between 40 and 50 individuals to serve as ADA spokesmen. The Consumer Advisors would automatically be invited to participate in the new program, as would ADA officers and trustees.

Initially, the spokesmen would receive essentially the same intensive, one-on-one training given the consumer advisors. They would participate in small group seminars conducted by an outside agency and in-house spokesman training staff. The content of the seminars would focus heavily on telling dentistry's Access story. A separate training seminar for interested trustees would be held in conjunction with the March Board session.

Media tours for the spokesmen would be arranged by an outside agency. Typically, a media tour would involve a half dozen or more placements. One goal of the placement program will be to arrange at least one media tour in the top media market in every state. Another goal would be to secure placements on the market's top rated local TV and radio talk shows, on news programs, and in daily newspapers. A concerted effort will be made to interest the media in topics related to the Access Program.

In addition to the media tours, other placement opportunities will be explored on networks, PBS, and cable television, in specialized media, and on conference and convention programs.

Recognizing that use of the term "consumer advisor" has worked so well with the media, it seems advisable to give the spokesmen some name that will grab the media's attention. Staff and the agencies will research some possibilities. It may be that after informally surveying the media on this, staff and the agencies will recommend that the term "consumer advisor" should still be used.

Constituent and Component Spokesman Training Seminars: Beginning in 1981, the constituent and component society spokesman seminars will be conducted by in-house spokesman training experts, thus reducing the cost of the program to both the Association and dental societies. ADA staff would be available to conduct eight seminars, and constituents and components would be scheduled on a first-come/first-served basis.

In addition, the Association would provide \$200 assistance to help defray expenses for equipment and room rental, etc. All other expenses for the seminar would be borne by the sponsoring society.

A two-day format will still be employed in the seminars, although the content will be modified to include more platform speaking instruction, and practical advice on setting up a media placement program and a speakers bureau. The intent of these modifications would be to encourage dental societies to develop their own placement programs.

Special Events Spokesman Placements: The Bureau believes that local spokesman placements are an extremely valuable tool in publicizing two special events sponsored by the profession nationwide: National Children's Dental Health Month and the All-Star Funstakes. Local publicity is essential to the success of both of these programs, but at this point in time, few societies have active placement programs. Therefore, it is critical that at least for the next few years, the Association continue to place local dental spokesmen in conjunction with these two promotions. As was previously mentioned, PCI has been most successful in obtaining placements for NCDHW. As more dental societies undertake their own placement programs in the future, the Association may wish to cut back to placements only for those areas which do not have active spokesman placement programs.

Outside Agency Assistance

The Bureau believes the national-level spokesman program should be handled by one agency for both the training and the placement aspects. Both PCI and Burson-Marsteller have the capability to provide services in both areas, and staff will solicit bids from both. Staff would also like direction from the Committee concerning whether it would also like bids to be solicited from other agencies as well. All bids would be submitted at no cost to the Association.

Developmental Funds

With the Committee's permission, the Bureau would like to utilize the funds budgeted this year for the "Access Communicators" or "superspokesman" program (up to \$53,000) for two purposes:

- (1) Placement of 150 local spokesmen across the country to promote National Children's Dental Health Month. Since such placements are typically arranged in November and December this would need to be charged against the 1980 budget. Total cost: \$15,000 (\$100/placement).
- (2) Developmental costs for new seminar materials, agency fees, identification of potential spokespersons. This would enable the Bureau to begin training of the 50 spokespersons the first quarter of 1981 and begin placing by the second quarter.

UPDATE - JANUARY, 1981

PROGRESS REPORT ON DENTAL HEALTH PUBLICATIONS

ENGLISH

<u>TITLE</u>	<u>Date Instituted</u>	Total Amt. <u>Dist. to 12/1/81</u>
Dental X-Rays Show Hidden Problems	July 5, 1979	42,191
Facts Favour Fluoridation	March 1, 1979	34,298
Prepair Dental Insurance	June 1, 1979	32,033
Eating Properly For Better Dental Health	Sept. 10, 1979	73,746
Care Following Minor Oral Surgery	Aug. 7, 1979	41,897
Dangerous In Bed (bilingual)	June 26, 1980	18,000
Do You Have Periodontal Disease?	Sept. 5, 1980	22,775
Protect That Mouth!	Nov. 10, 1980	4,880
Save That Tooth - Get To The Root Of The Problem	Dec. 9, 1980	2,380

FRENCH

<u>TITLE</u>	<u>Date Instituted</u>	Total Amt. <u>Dist. to 12/1/81</u>
Les radiographies dentaires montrent des problèmes cachés	July 5, 1979	13,300
Fluoridation - les faits parlent d'eux-mêmes	April 25, 1979	7,000
Le guide du consommateur - assurance dentaire	June 20, 1979	3,025
La santé dentaire grâce à une bonne alimentation	Sept. 11, 1979	22,800
Précautions à prendre après une chirurgie buccale mineure	Aug. 7, 1979	6,300
Souffrez-vous de periodontite?	Sept. 5, 1980	7,681
Protégez votre bouche!	Nov. 10, 1980	930
Sauvez vos dents - attaquez-vous à la racine du mal	Dec. 9, 1980	180

COUNCIL ON STUDENT AFFAIRS

REPORT OF THE COUNCIL ON STUDENT AFFAIRS TO THE MARCH 1981 CDA BOARD OF GOVERNORS

Council members: Dr. William M. Leskiw, Niagara Falls, Chairman
Dr. David Baird, Port McNeill
Ms Lynn Tomkins, Toronto
Ms Rita Hurley, Montreal
Mr. David Kapusianyk, Saskatoon
Mr. Peter Judd, London

Executive Liaison: Dr. John McKay

1. Council Meetings

The Council has met once since the last Board, on November 24, 1980.

Matters Requiring Board Action

1. CDSPI

- (a) It was felt by the Council on Student Affairs that dental students do not fully understand CDSPI and its relationship to CDA, Canadian dentists and dental students.

RESOLVED:

That CDSPI consider the following recommendations as they pertain the CDSPI's presentations to Canadian dental students:

- (a) that CDSPI clarify the relationship between the CDA and CDSPI.*
- (b) that CDSPI clarify that there is competition between insurance companies for participation in the CDSPI program and that this competition is evaluated by CDSPI in order to provide the dentists and dental students of Canada with the best group plan insurance program possible.*
- (c) that a dentist be included in CDSPI's presentation to dental students.*

COUNCIL ON STUDENT AFFAIRS

CDSPI - Continued

The Board agrees and supports the following wording to the foregoing resolution:

That CDA Council on Insurance and Investments consider the following recommendations as they pertain to CDSPI's presentations to Canadian dental students:

- (c) That a dentist be included in CDSPI's presentation to dental students.*

ADOPTED

- (b) Council also felt that it would be advantageous to have a local individual knowledgeable about CDSPI available at the faculties to answer student questions.

That CDSPI designate a knowledgeable local representative who will in turn contact the CDA student representative after the initial CDSPI presentation to fourth year dental students and be available to answer questions arising from this initial presentation.

DEFEATED

NOTE: The Board disagrees and notes that each Corporate member has a Provincial Benefits Chairman whose role is to disseminate information.

- (c) The Council on Student Affairs felt that there was a definite need for a glossary of insurance terms, so that terminology used in insurance policy presentations could be more easily understood by dental students.

RESOLVED:

That CDSPI develop a glossary of insurance terms to enable students to better understand the terminology used in insurance policies.

NOTE: The Board notes that this is being done, and recommends that the recommendation read: "That CDA Council on Insurance and Investment develop a glossary of insurance terms to enable students to better understand the terminology used in insurance policies".

ADOPTED

COUNCIL ON STUDENT AFFAIRS

- (d) Council discussed at length the timing - format of CDSPI presentations at the dental schools. After considerable debate, Council recommended that CDSC.80 representatives attempt to arrange the most convenient time available for the CDSPI presentation, and that allotment for a classroom time presentation be reconsidered at CDSC.81.

2. American Student Dental Association Annual Meeting

For the first time in 1980, Council sent a representative-observer to the annual meeting of the American Student Dental Association. In assessing its presence at the ASDA, Council felt that both organizations shared many common concerns (practice management, funding, communications) and a great deal could be obtained through continuing liaison with the ASDA.

That a continuing liaison be established between the Council on Student Affairs and the ASDA and that Council send a representative to their annual session each year.

DEFEATED

RESOLVED:

That a student representative be sent to ASDA annual session in 1981.

ADOPTED

Information Not Requiring Board Action

1. Practice Management

Council has summarized information on practice management curricula at the dental faculties and is in the process of receiving updated information. At Council's next meeting, a model will be developed. Council has also reviewed an ADA Dental Practice Information Manual and has recommended that a similar publication be developed for Canadian dental students. This will be further discussed at Council's next meeting.

COUNCIL ON STUDENT AFFAIRS

2. NDEB Booklet

Council and CDSC.80 representatives have developed questions which have in turn been forwarded to the NDEB for answer and publication. This booklet has been completed and is ready for distribution to Canadian dental students.

3. CDA Proposed Resource Centre

Council was pleased to learn of the possible development of a resource centre, and is looking forward to actively participating in such a centre when completed.

4. CFDE

At this time, Council has tabled its request for a student observer to the CFDE. The prospect of having a Council member present a report to the Board of Trustees of CFDE, when appropriate, was discussed and approved in principle. Further discussion of this issue will occur at Council's next meeting. Council wishes to thank the CFDE Trustees for their support of the annual Dental Students' Conference and Table Clinic Program.

5. CDA Student Manual

Council is in the process of developing a CDA Representative Manual, outlining the duties and responsibilities of the CDA representative. It is felt that such a manual will be an aid to prospective and newly elected CDA student representatives.

6. Student Table Clinics

Council was pleased with the higher profile, convenient locale and advertising given to the 1980 student table clinics at the CDA annual convention. Council would like to see this high profile maintained at future conventions. Council also agrees with maintaining the non-competitive atmosphere of the program at this time, but will continue to review this matter. Council reviewed the methods employed by the schools in the selection of their clinician to the annual meeting and it was felt that there was difficulty in ensuring that all clinicians participating in the CDA Clinic Program were aware of CDA rules and regulations regarding the table clinics. It was felt that the need for uniformity should be stressed to the various faculties at the time they were requested to elect a clinician.

COUNCIL ON STUDENT AFFAIRS

Information Not Requiring Board Action - Continued

7. CDSC.81

CDSC.80 was originally scheduled to be held in Halifax, but could not, due to timing problems in the completion of the new dental faculty. Consequently, Dean Bennett of Dalhousie University has graciously offered to co-host CDSC.81 and Council has recommended to accept his offer.

8. Graduate Programs and Hospital Internships

Council is in the process of completing its survey of graduate programs and hospital internships with the express intent of providing this resource information to Canadian dental students. It is felt that this information will prove valuable to all Canadian dental students and will highlight Council's efforts on their behalf. Council's budget for 1981 would be reviewed with this in mind.

9. CDA Student Membership

Council notes with pleasure, that student membership for 1980-81 is 93.9%.

10. IADS

Council has reviewed its membership status in the International Association of Dental Students and decided to discontinue official membership in the IADS. Council has, however, inquired into the differences in membership categories, such as national, school and student membership. Council will inform all faculties, through their dental student societies, of CDA's non-renewal of IADS membership.

11. Newsletter

Council considered the possibility of developing a student newsletter on a need-to-know basis. This newsletter would be distributed to all Canadian dental students on an irregular basis - once or twice a year. Budgetary considerations would be investigated and an update on the prospect of this newsletter would be reported at Council's next meeting.

COUNCIL ON STUDENT AFFAIRS

Information Not Requiring Board Action - Continued

Summary

In conclusion, I would like to thank the Board of Governors and the Executive Council for their guidance and comments. The Council on Student Affairs is endeavouring to provide for the concerns of the dental students of Canada. Projects are slowly coming together, with completion dates in the near future. New projects are being undertaken as they arise, in order that we may increase and further communications between the CDA and dental students. The Council has come a long way from its genesis and I am looking forward to serving as Chairman for the remainder of my term.

Respectfully submitted

William M. Leskiw, D.D.S.,
Chairman,
Council on Student Affairs.

ADOPTION OF REPORT

The Board accepts the Report of the Council on Student Affairs with appreciation.

THE ASSOCIATION OF PROSTHODONTISTS OF CANADA

REPORT TO THE MARCH, 1981 CDA BOARD OF GOVERNORS

The following is a report for inclusion in the resource material for the Interim Board of Governors Meeting to be held in Ottawa on March 6th & 7th.

The Association of Prosthodontics of Canada will hold its Annual Meeting and Scientific Sessions May 2nd & 3rd, 1981 at the Royal York Hotel in Toronto.

These sessions are open to all dentists who wish to attend. Individuals who are not members of APC will be required to pay a minimal guest fee.

The Executive Members for 1981 are as follows:

President	- Dr. Herb Ptack
President Elect	- Dr. D. V. Chaytor
Vice-President	- Dr. Paul Jean
Secretary-Treasurer	- Dr. Brock Love
Senior Councillor	- Dr. S.A. Chaney
Junior Councillor	- Dr. Paul Sillis

Respectfully submitted

W. Brock Love
Secretary-Treasurer.

ADOPTION OF REPORT:

The Board receives the Report of the Association of Prosthodontists of Canada with thanks and notes the following:

Respecting p.295, September 1980 Transactions - Executive Council is pleased to note that the matter of "groups" is being referred to the Council on Constitution & By-laws.

Respecting p.297, September 1980 Transactions - Executive Council wishes to inform that the matter of a national conference has been referred to the Workshop on Priorities and we will await a report.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT OF THE CANADIAN FUND FOR DENTAL EDUCATION TO THE MARCH, 1981 INTERIM BOARD OF GOVERNORS

1. It is again my privilege to provide you with up-to-date information on all of CFDE's activities. At the time of writing (January 19, 1981) our records for 1980 have not yet been audited. However, I am confident the information I am about to give you is accurate for all practical purposes and probably one hundred percent so.
2. Operational income for the year 1980 was \$213,000, about one percent less than in the previous year when we enjoyed record breaking totals of support from both the dental profession and business & industry. Slight declines in total support from dental organizations, the dental profession and business & industry were somewhat offset by an increase of 6% in investment and sundry income. In addition we had a profit of \$2,508 on the disposal of Government of Canada bonds maturing in 1980. In 1979 a loss of \$1,700 was incurred on maturing Bell Telephone bonds. Therefore, after considering these two extraordinary items, our total income for 1980 was over \$1,000 more than in the previous year.
3. The final measure of CFDE's success, as we all know, is what it is able to do for dental education and research. It gives me much pleasure, therefore, to report that in 1980 the Fund provided \$126,000 to advance our profession, an increase over the previous year of \$7,000 or 6%.
4. Here is how your Trustees invested the contributions entrusted to their care:

Teacher Training Fellowships	\$ 57,423
(Dentists and Dental Hygienists)	
Unrestricted Grants to Dental Schools	\$ 15,000
Dental Students' Conference and Table Clinic Program	\$ 11,701
Teacher Training Awards to Four Dental Schools (Income from Lorne E. MacLachlan Endowment)	\$ 9,625
CDA Interview Validation Study	\$ 6,000
Dental Teaching Conference	\$ 5,500
Scholarships for Dental Students	\$ 4,500
Biennial Conference on Dental Research and Education	\$ 8,500
University of Toronto Research Project	\$ 3,873
Sundry Awards	\$ 4,168

5. In 1980 we budgeted for an excess of receipts over disbursements of \$1,300, whereas in fact our expenditures were \$3,936 greater than our total income. Out of necessity many of our commitments are made relatively early in the year whereas over one third of our income is received in December. Quite frankly our support from both the profession and business & industry was lower than we expected.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

March 1981 - page 2

6. As mentioned in my report last September, \$132,000 Government of Canada bonds in the Fund's investment portfolio matured June 1, 1980. The Board directed that the proceeds be invested in Term Deposits with varying maturities up to five years. Accordingly the funds were invested in Royal Trust Company Investment Certificates at 11.125% interest as follows:

\$ 50,000	-	due May 31, 1982
\$ 50,000	-	due May 1, 1983
\$ 32,000	-	due May 1, 1985
7. As mentioned previously, the Fund has established an Ad Hoc Committee under the Chairmanship of Dr. W. G. McIntosh to review granting priorities over the next five year period. Original members of the Committee were Drs. Neilson, Hillenbrand and Dupont, and in order to have proper input from business & industry and dental auxiliaries, Mr. Arthur Zwingenberger (President of the Dental Industry Association of Canada) and Mrs. Linda Strevens (a dental hygienist working at the University of Toronto) were added to the Committee. A productive meeting was held in Toronto on October 6, 1980 with all members in attendance. Specific assignments were given to each Committee member and it is anticipated that these will be completed no later than February 15, 1981 after which a second meeting will be held as soon as possible.
8. As you are undoubtedly aware, CFDE has had the honour and privilege of administering the Dr. Lorne E. MacLachlan Endowment Fund of \$100,000 for some time. Annual income (currently \$9,625) is divided equally between the Dental Faculties at the Universities of Toronto, Western Ontario, McGill and Dalhousie. In May 1980 Dr. MacLachlan approved new Terms and Regulations for his Endowment Fund and among other things gave CFDE's Review & Management Committee authority to review and approve the annual accounting and reports submitted by each of the four Dental Schools. I'd like to assure you that at its last meeting the Committee spent considerable time in an effort to properly discharge this new responsibility.
9. I am sure you will be pleased to learn that the Review & Management Committee at its December 1980 meeting approved a grant of \$6,000 to help finance the Teaching Conference on "Clinical Competency Evaluation" to be held in Vancouver, June 16-17, 1981.
10. During the latter part of 1980 we had considerable correspondence and a number of telephone discussions with Ontario Ministry of Health officials in respect of Provincial Lottery Health Research Awards (Block Grants). In view of this Drs. Ten Cate and Smith of the University of Toronto were invited to attend our Review & Management Committee meeting. Due to an unexpected commitment, Dr. Ten Cate was unable to attend, however, Dr. Smith was present and after considerable discussion it was agreed that members of the dental research community should prepare recommendations in respect of dental research to be submitted for consideration at our 1981 Board of Trustees meeting.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

March 1981 - page 3

11. In my interim report in 1980 I mentioned that the Association of Canadian Faculties of Dentistry in conjunction with CFDE had been working for over a year on the preparation of a suitable grant application for a "Clinical Competency Evaluation Project" to be submitted for funding to the Kellogg Foundation. I can now report that on August 13, 1980 the W. K. Kellogg Foundation acknowledged receipt of this grant application. According to our latest information the application has successfully passed its preliminary review and a final decision is anticipated around the end of February. The grant application is for \$1,325,000 spread over a three to four year period.
12. Finally our annual Board of Trustees meeting is scheduled for May 4-5, 1981 and as always we will be pleased to consider at that time any suggestions the CDA Board of Governors may wish to make.

Respectfully submitted,

James A. Guest, D.D.S.
Chairman
CFDE Board of Trustees

January 19, 1981

ADOPTION OF REPORT:

The Board receives the Report of the Canadian Fund for Dental Education with thanks.

ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT OF THE ROYAL COLLEGE OF DENTISTS OF CANADA
TO THE CDA MARCH 1980 INTERIM BOARD OF GOVERNORS

Royal College of Dentists of Canada Part I Examination

In June 1980 the RCDC Council established the classification of "Member" in the College, and agreed that one way an individual could qualify for membership was by successfully completing Part I of the RCDC Fellowship examinations.

At the same time, Council agreed that the Part I examination should be modified by the addition of an oral examination to the regular two three-hour written papers. The oral component will evaluate the practical clinical knowledge of candidates.

The Executive Committee of the College at a meeting on February 13, 1981 (also attended by the Registrar of the National Dental Examining Board) approved arrangements for the modified Part I examination which will be conducted for the first time on Friday and Saturday, June 19 and 20, 1981. The examination will be held simultaneously in two centres, Edmonton and Toronto. Both papers will be written on the 19th and the oral component held the following day. The latter will be conducted by two college examiners using identical (or at least similar) case material on which to base questions thus ensuring the same standard of examination in both centres.

In disciplines in which the number or distribution of candidates is too few to justify setting up examinations in both centres, all candidates will be examined in one centre only.

A review of this new system will be undertaken next fall with a view to making changes where felt to be necessary.

Successful completion of the Part I examination will continue as the qualification for issuance of the NDEB/RCDC specialist certificate.

K.J. Paynter
Examiner-in-Chief

ADOPTION OF REPORT

The Board receives the report of the Royal College of Dentists of Canada with thanks.

ANNUAL
MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION

CALGARY, ALBERTA

August 28-29

1981

CANADIAN DENTAL ASSOCIATION

BOARD OF GOVERNORS

OFFICERS & OFFICIALS

Chairman of the Board of Governors N.A. Mancini

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D.E. Williams, President-Elect	J. Laporte	D.L. Thompson
C. Covit, Past President	J.W. MacKay	W.R. Thompson

Executive Director: H.E. Drouin

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Recording Secretary: Mrs. P. Cunningham

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C. Covit (Nominations)	A.E. MacLeod (Information Services)
J.E. Durran (Insurance & Investment)	R.J. Sexton (Health Care)
M. Gornitsky (Hospital Services)	D.J. Yeo (Education)

OBSERVERS

CDA Staff:

D.V. Chatwin, Director of Accreditation
A. Hammell, Director of Communications

L. Owen, Editor, CDA Journal
L. Teteruck, Director of Education

<u>NAME</u>	<u>REPRESENTING</u>
E.F. Allison	Alberta Dental Association
G.S. Beagrie	University of British Columbia
I.C. Bennett	Dalhousie University
K.D. Butler	Canadian Dental Services Plans Inc.
M.D. Charendoff	Canadian Dental Services Plans Inc.
D.V. Chaytor	Association of Prosthodontists of Canada
C. Chicoine	Association des chirurgiens dentistes du Quebec
K.L. Croft	College of Dental Surgeons of British Columbia
A.K. Elgeneidy	Canadian Academy of Oral Pathology
R.J. Ellis	Canadian Society of Public Health Dentists
E. Fox	Royal College of Dental Surgeons of Ontario
C.L. Gallant	Canadian Dental Services Plans Inc.
J.C. Gillies	Ontario Dental Association
H.L. Goldberg	Association of Government Dentists of Saskatchewan
J.H. Gryfe	Canadian Association of Oral & Maxillofacial Surgeons
J.A. Guest	Canadian Fund for Dental Education
T.C. Giguere	Canadian Dental Services Plans Inc.
Y. Giguere	Association des chirurgiens dentistes du Quebec
T.J. Gushue	Newfoundland Dental Association
R. Hurley	Student Governor-Elect
G. Kravis	National Dental Examining Board
J.G. Landry	Ordre des Dentistes du Quebec
N. Levine	Royal College of Dentists of Canada
G.J. MacFarlane	Newfoundland Dental Association
G. Maranda	Ordre des Dentistes du Quebec
B.P. Martinello	Alberta Dental Association
B. Mascoli	Canadian Dental Services Plans Inc.
M. McDonald	Canadian Fund for Dental Education
D.E. McLeod	Nova Scotia Dental Association
J. McMullen	New Brunswick Dental Society
R.L. Moran	Canadian Dental Services Plans Inc.
D.V. Pamenter	Nova Scotia Dental Association
K.F. Pownall	Royal College of Dental Surgeons of Ontario
F. Pulver	Canadian Academy of Paedodontics
R.L. Rusmussen	Canadian Dental Services Plans Inc.
D.B. Smith	Ontario Dental Association
A.R. Ten Cate	University of Toronto
J.G. Thompson	New Brunswick Dental Society
R. Thordarson	College of Dental Surgeons of British Columbia
W.R. Upton	Department of Veterans Affairs, Vancouver
R.D. Wells	Canadian Dental Services Plans Inc.
G.B. White	Regina

NOTE: The above names were listed in the Registry Book
which was made available in the Board Room.

PRESIDENTS' REPORT
CDA BOARD OF GOVERNORS
August 28, 1981

Mr. Chairman, Colleagues, Ladies and Gentlemen:

The Activities of the CDA Councils, Committees and Allied Groups are documented in the Board Book with resource materials. It is hoped that the next two days will provide ample time for discussion and decision-making on the numerous subjects presented.

The March Board Meeting afforded discussion opportunity for the first half of the term, and now we must address the remaining half, and take an overview of the past, present and future.

When it comes down to the final line, the word is communications. Let me explain what I mean.

Many meetings have been held, many miles have been travelled and many hours have been spent on the telephone by all of us, and all dealing with our profession. And by that I mean all the members of the CDA.

In the role of President the concept is easily understood. I have been afforded the pleasure of visiting all of the corporate bodies, although the Prince Edward Island and Nova Scotia visits were combined with the Atlantic Provinces Meeting in New Brunswick. I also met with or visited many other related groups and societies, including an excellent reception by the ACFD at their Annual House of Delegates Meeting and the CDA Teaching Conference.

PRESIDENT'S REPORT

The communications role expands to the Management Committee which met on several occasions on its own volition, as well as in combination with or at the same time as many other meetings.

The communications role becomes even broader with the Executive Council which met four times and the Board which will have met twice. Most Councils met at least once, as did their Committees.

The same communications process applies to all provincial associations and their committees.

Add to the communications dialogue the individual members who attended meetings of local societies, continuing education courses, study clubs, as well as international, national and provincial conventions. Many members also addressed local groups outside of the profession, and remember too, the daily communications with our staff and most of all with our patients.

The forementioned activities are all performed as part of the dental profession in Canada and I stress them here to underline the essential importance of communicationall communications, intra-communications, inter-communications and extra communications.

In extra communications we tried to establish, maintain and enhance our relationships with those outside of the profession: our patients, the public as a whole, different levels of government and other professions.

Inter-communications refers to our contacts with other dentally-oriented organizations, groups and associations.

PRESIDENT'S REPORT

Intra-communications means the exchange of information within our own organization, among the Board of Governors, among the Councils and Committees, among the staff, and, from all of these to the individual members.

While it can be truthfully stated that we are progressing, that we have greatly improved communications, it is still far from perfect.

Recent efforts at improvement include: the exchange of council minutes, the distribution of a summary of Executive Council minutes, increased correspondence to the membership, vastly improved Journal reporting, and plans to present a Media Workshop to improve our ability to convey our messages.

Of course, the best means of communicating is the one-to-one, face-to-face two-way dialogue which allows for questions and answers and clarification of points. Despite the fact that this means is impractical for CDA, we must strive to get close to that ideal.

While discussions on the topic of communications have been continuous since day one, the most recent Executive Council meeting stressed the importance and reinforced the need for elected personnel at all levels, but especially at the senior levels to transmit information about CDA and CDA activities to the members in their areas.

PRESIDENT'S REPORT

This means that you in this room, all of you, the Governors, the Council Chairmen, representatives of the sections, groups, societies and associations you are the persons most knowledgeable about the current situations and you must increase your efforts to inform the dentists of Canada of the importance of organized dentistry. You must convey information to them, answer their questions and bring back their concerns so that we can act on them. You must attend and address local meetings and endeavour to get as close as possible to that ideal of one-on-one dialogue. Time will be allowed for further discussion, input and positive suggestions on how best to achieve these goals.

It has been a full and active year. Many challenges have been met, some were successfully resolved, others require more time and effort.

The success of the year is a credit to the hard work and dedication of many people and to all of them, I am very grateful. However the list of people is so lengthy that enumeration could lead to inadvertent omission so I say well done your efforts are not in vain your contributions are appreciated and I thank you.

Dr. Covit is completing his last official function as Past-President, and on behalf of the dental profession of Canada, I wish to express appreciation to him for his many years of dedicated service.

To the Executive Director, Mr. Drouin, to the directors and the staff at Headquarters, I commend you for a very productive year. For your cooperation and support I thank you.

PRESIDENT'S REPORT

To Dr. Williams, my sincere appreciation for his support over the past year. Congratulations on the completion of a successful year as President-Elect and Chairman of the Management Committee. I extend very best wishes for a successful and rewarding year as President.

Dr. Mancini, thank you for your support, assistance and your efficient Chairmanship.

It has been an honour and a pleasure to serve as President of the Canadian Dental Association and for that privilege I am deeply appreciative.

L E G E N D

AUGUST 1981

	Page No.
Executive Report	171
1982 Budget Projection	185
Ad Hoc Committee - CDA/Licensing Bodies	197
CDA Annual Convention Protocol	199
Manpower Study Proposal - R.K. House & Associates	220
Taxation Committee Report	233
Assoc. of Government Dentists of Sask. (Salaried Dentists) ..	242
Membership Committee Report	248
Canadian Medical Association-Endorsement of Fluoridation	259
Mercury Contamination Survey	261
Editorial Board Report	264
Fed./Prov. Advisory Committee on Health Manpower-Brief	267
Federation Dentaire Internationale	275
 Council Reports:	
CDSPI (Insurance and Investment)	296
Constitution and By-Laws	314
Dental Materials and Devices	315
Education	329
Health Care	357
Hospital Services	363
Information Services	367
Nominations	374
Student Affairs	424

L E G E N D

AUGUST 1981

	Page No.
Specialty Sections:	
The Canadian Academy of Endodontics	439
Canadian Academy of Oral Pathology	440
Canadian Association of Oral & Maxillofacial Surgeons	442
Canadian Association of Orthodontists	444
Canadian Academy of Paedodontics	448
Canadian Academy of Periodontology	449
Association of Prosthodontists of Canada	450
Affiliated Societies:	
Association of Canadian Faculties of Dentistry	451
Canadian Fund for Dental Education	452
National Dental Examining Board	457
Royal College of Dentists of Canada	458
Submitted Resolutions:	
Auxiliaries	460
Corporate Fees - Ontario and Quebec	460

EXECUTIVE

Members: Dr. G.E. Utas, Grande Prairie, President
Dr. D.E. Williams, Moncton, President-Elect
Dr. C. Covit, Montreal, Past- President
Dr. R.N. Hicks, Vancouver
Dr. J. Laporte, Quebec
Dr. J.W. MacKay, Saskatoon
Dr. R.D. Sexton, Corner Brook
Dr. D.L. Thompson, Calgary
Brig.-Gen. W.R. Thompson, Ottawa

Council Meetings

Since the last Board of Governors meeting in March, Executive Council has met on two occasions: April 3-4, 1981 and June 26-27, 1981.

Matters Requiring Board Action

Management Committee

The 1982 Budget Projection was reviewed as submitted.

RESOLVED:

*THAT the 1982 Budget Projection be
accepted as circulated.*

APPENDIX A

ADOPTED

Following review of other items of business by the Management Committee

Appointment of Auditors

RESOLVED:

*THAT the firm of McCay-Duff & Company
be appointed C.D.A. auditors for the
fiscal year 1981.*

ADOPTED

C.F.D.E. Contribution

RESOLVED:

*THAT the annual contribution to the
Canadian Fund for Dental Education be
increased to \$1,000, effective in 1981.*

ADOPTED

EXECUTIVE

Matters Requiring Board Action - continued

CDA Representatives to the CDSPI Board

RESOLVED:

That Dr. R.L. Moran be appointed CDA representative (Ontario) to the CDSPI Board of Directors, for the calendar year 1982.

That Dr. R. Dupont be appointed CDA representative (Quebec) to the CDSPI Board of Directors for the calendar year 1982.

ADOPTED

CDSPI

RESOLVED:

THAT the Agreement between CDA and CDSPI appointing CDSPI as CDA's Council on Insurance and Investment be renewed for 1982.

ADOPTED

Ad Hoc Committee - CDA/Licensing Bodies

In accordance with a resolution at the March, 1981 Board of Governors meeting, two meetings of the Ad Hoc Committee - CDA/Licensing Bodies were held at headquarters building in Ottawa. The second meeting of June 5, 1981 included greater representation of licensing authorities and there was general consensus that the licensing bodies should meet as a separate group.

APPENDIX B

The previous format of the Presidents and Chief Executive Officers and Licensing Bodies meeting was not satisfactory to the Committee and members did not agree that a council or committee of the CDA would be suitable. The Ad Hoc Committee recommended a separate organization to provide a format for their purposes and felt it would be mutually beneficial to CDA and the licensing bodies, and further that the organizations would have reciprocal representation. Alberta, however, had recommended, by correspondence, that the licensing bodies be a committee within CDA.

Executive Council emphasizes that the role of the CDA includes responsibility for the protection of the public as well as for the welfare of the profession.

WHEREAS the Executive Council disagrees with the establishment of a separate national organization to fulfill the objectives proposed in the Ad Hoc Committee report; and

EXECUTIVE

Matters Requiring Board Action - continued

Ad Hoc Committee - CDA/Licensing Bodies

WHEREAS Executive Council does support the intent of a forum for discussion of licensing issues by licensing authorities and also supports the three objectives proposed in the Ad Hoc Committee report. Facilitating solutions to problems of a licensing nature should be done in an atmosphere of cooperation and communication within the general framework of the Canadian Dental Association;

THAT a forum for discussion be established to fulfill the objectives specified in the Ad Hoc Committee - CDA/Licensing Bodies report of June 5, 1981; and

FURTHER THAT such a forum for discussion be established under the general framework of the Canadian Dental Association.

MOTION TO DEFER:

In view of the comments at this annual meeting, CDA will await the results of a meeting in January, 1982 of the Licensing Bodies.

CDA Convention Format

ADOPTED

Provincial Associations were contacted respecting comments on the protocol for CDA Conventions which was presented to the March, 1981 Board of Governors, and

APPENDIX C

WHEREAS the requested input from the membership does not indicate a need for major changes to the Convention Protocol and therefore there is no apparent need for the formation of an Ad Hoc Committee;

BE IT RESOLVED THAT the proposed Convention Protocol be accepted; and

BE IT FURTHER RESOLVED THAT the 1983 Convention Committee be formed in September, 1981 and that the following members be appointed:

*Convention Chairman 1983 - Dr. T.E. Ramage
Member for 1982 - Dr. G. Stirling
Member for 1984 - to be named*

ADOPTED

The Board recommends that this Committee consider the suggestions contained in the correspondence from the membership pertaining to the convention protocol.

EXECUTIVE

Matters Requiring Board Action - continued

Manpower Study

APPENDIX D

Following a recommendation of the Executive Council that a consultant be engaged for the development of a dental manpower evaluation plan, the appended Manpower Study Proposal to the Canadian Dental Association from R.K. House & Associates Limited was reviewed at length. Dr. House was requested to make a formal presentation at the Annual Meeting of the Board of Governors in August, 1981.

RESOLVED:

THAT R.K. House and Associates be authorized to proceed with a Manpower Study as outlined in the proposal to CDA of June, 1981. The cost of this study is not to exceed \$35,000 for consulting fees with the final report to be delivered in September, 1982.

ADOPTED

It was suggested that the line of reporting would be through the Executive Council, with the Executive Director providing continuity. An Agreement will be drawn up to include ownership and confidentiality of the data.

Product Acceptance Committee

Terms of Reference for the Product Acceptance Committee (a Subcommittee of Executive Council) were approved by the Board of Governors in March, 1980,

WHEREAS in order to establish representation similar to that on other committees of Executive Council;

RESOLVED:

THAT the five members of the Committee on Product Acceptance and its Chairman be appointed by the Executive Council for a period of one year.

ADOPTED

RESOLVED:

THAT a dual fluoride formula modification to Colgate dentrifice, as recommended for acceptance by the Product Acceptance Committee, be approved.

ADOPTED

EXECUTIVE

Matters Requiring Board Action - continued

Taxation Committee

The report of the Taxation Committee is appended for information.

APPENDIX E

Retirement Income Provision for Self-Employed Professionals

RESOLVED:

THAT CDA participate in a multi-professional committee to study methods of improving tax rules related to pension contributions by self-employed persons and that authorization be given to expend up to \$2,500 for the initial stage of this study as CDA's portion of the financial support; and

THAT CDA be the administrative agent during the committee's existence.

ADOPTED

A copy of the oral submission to the Senate Committee on Banking, Trade and Commerce is appended, as delivered on June 9, 1981, and the recent editorial in the CDA Journal is included for information. The complete brief was previously circulated.

Council on Dental Materials & Devices - Nominations

Executive Council accepts that there be eight (8) members on the Council on Dental Materials and Devices, and

WHEREAS the members of the Council on Dental Materials and Devices are nominated by the Executive Council and appointed by the Board of Governors annually;

RESOLVED:

THAT for the year 1981-82, Drs. R.Y. Barolet P.C. Desautels, D.J. Gau, J.M. Gourley, L.N. Johnson, D.W. Jones, D. Smith and P.T. Williams be appointed by the Board of Governors to serve as members of the Council on Dental Materials and Devices.

ADOPTED

EXECUTIVE

Matters Requiring Board Action - continued

Association of Government Dentists of Saskatchewan

APPENDIX F

Executive Council reviewed the appended letter from the Association of Government Dentists of Saskatchewan of June 12, 1981,

RESOLVED:

THAT an Ad Hoc Committee be formed to investigate the status of salaried dentists within CDA.

ADOPTED

Subcommittee on Dental Care Systems

Executive Council approved of the formation of a subcommittee of the Council on Health Care

RESOLVED:

THAT the name of the subcommittee be the Subcommittee on Dental Care Systems;

THAT the terms of reference be:

- a) the Subcommittee will consist of no more than six members, one of whom will be a member of the Council on Health Care who will act as Chairman;*
- b) the remaining members will be appointed annually and as much as possible reflect varying dental care systems; and*

ADOPTED

RESOLVED:

FURTHER THAT the duties of the Subcommittee shall be:
a) to study, evaluate and make available information on the planning, administration, delivery and funding of dental care systems; and

THAT the Subcommittee hold two meetings in 1981 to carry out its terms of reference;

THAT a budget addendum of \$4,000 be supplied to this Subcommittee to carry out its assigned duties; and

THAT no formal policy regarding any of these dental care systems be made until more information is obtained.

ADOPTED

Items for Information - Not Requiring Board Action

Annual Meeting of the Presidents & Chief Executive Officers of Corporate Members

Executive Council considered a date for the next Annual Meeting of the Presidents and Chief Executive Officers/Registrars and agreed

EXECUTIVE

Items for Information - Not Requiring Board Action - cont'd.

Annual Meeting, Presidents & Chief Executive Officers, etc.

that a meeting be held, if required, on the day prior to the Interim Board meeting in March, 1982. It appeared that the annual meeting (as has occurred in the past two years) would be a duplication of issues that have been discussed within the recent Ad Hoc Committee - CDA/Licensing Bodies meetings and the Conference on Priorities.

Membership Committee

The appended report was reviewed and Executive Council recommended that the applications for Life and Association Memberships be accepted.

APPENDIX G

Awards - Distinguished Service

After consideration of submissions, Executive Council agreed to confer Distinguished Service Awards on the following:

Mrs. Edith Schmidt, Toronto, Ontario
Dr. Robert A. Gray, Medicine Hat, Alberta

Awards - Honorary Membership

After consideration of nominations received from the Corporate Members, Executive Council agreed that Honorary Membership shall be conferred on the following:

Dr. P.S. Christie, Halifax, Nova Scotia
Dr. G.E. Dewis, Halifax, Nova Scotia

Curriculum vitae for the above-named award recipients are appended.

Peer Review

The topic of Peer Review had received little response at the recent Conference on Priorities and this subject will be left to the Presidents and Chief Executive Officers, Corporate Members meeting for a decision on its continuance.

EXECUTIVE

Items for Information - Not Requiring Board Action - cont'd

Canadian Dental Research Foundation Awards

The Canadian Dental Research Foundation Award for 1981 will be presented to Dr. J. L. Berger of the University of Toronto, and the CDRF Institutional Trophy will be presented to the University of Toronto, Department of Orthodontics, and will be accepted on behalf of the Faculty of Dentistry by Dean A.R. Ten Cate.

CDHA Brief to the Health Services Review Commission

The Canadian Dental Hygienists Association will hold its annual meeting at the time of the Board of Governors meeting in August, 1981. A representative from the Management Committee, in the person of Dr. C. Covit, will attend that portion of the meeting which deals with the CDHA brief presented to the Health Services Review Commission in July, 1980. A report will be brought to the Board during the CDA Annual Meeting.

CMA Endorsement of Fluoridation

The appended statement of the Canadian Medical Association on the endorsement of fluoridation is submitted for information.

APPENDIX H

Mercury Contamination Survey

The status of the forthcoming survey of the dental offices in the Atlantic Provinces on mercury contamination is appended for information. The survey will be mounted initially in July, 1981.

APPENDIX I

Editorial Board

The report of the Editorial Board is appended for information, as accepted by the Executive Council.

APPENDIX J

EXECUTIVE

Items for Information - Not Requiring Board Action - continued

Communication

In a recent review of communications which were forwarded to the CDA Governors over the past several months, it was noted that the information passed on has been extensive. Executive Council will, however, continue to explore improvements in communication.

Executive Council has recently instituted a procedure, in order to improve communications, that being, exclusive of Executive Council minutes, all other Council minutes are being forwarded to all Council Chairmen for information. It is noted that the Executive Director's report, following Executive Council meetings with the exclusion of the pre-Board meetings, is forwarded to Governors, Corporate Members, and Council and Committee Chairmen.

A Member Questionnaire has been inserted in a recent CDA Journal as recommended in the report of the Conference on Priorities.

Further suggestions on the role of Executive Council to improve communications will be considered, as appended.

Staff Appointments

Recent appointments to the CDA headquarters staff are noted as follows:

Miss Margo Beres, Resource Centre Librarian

Mrs. Pat Cunningham, Assistant to the Executive Director

Government Relations

Federal/Provincial Advisory Committee on Health Manpower

The brief, as presented to the Federal/Provincial Advisory Committee on Health Manpower, June 17-18, 1981, is appended for information.

APPENDIX K

Relocation of the Dental Therapy School

The Association has held numerous discussions with the Deputy Minister of Health & Welfare and his officials in Medical Services Branch regarding the relocation of the school of dental therapy. The Government is now fully aware that the profession will not accept a move to any province and have directed their efforts to Yellowknife, N.W.T. as a possible site on the basis of CDA's recommendation.

EXECUTIVE

Items for Information - Not Requiring Board Action - continued

Government Relations

Health Protection Branch, Health & Welfare issued an alert letter on June 1, 1981 with respect to timer failure that occurred in Siemens Heliodont 70 dental x-ray machines equipped with Digitime HDT-3004 controls. This medical devices alert was not mailed to the dental profession. The Association has brought this to the attention of Health Protection Branch and has again asked for lead time on such matters in order to alert the profession.

It is noted that recent activities of the Association with the Government, i.e. the brief to the Senate Committee on Banking, Trade and Commerce; the brief to the Federal/Provincial Advisory Committee on Health Manpower; meetings with Health and Welfare respecting the dental therapy school; and numerous contacts with Health Protection Branch, are keeping the Government very aware of the dental profession in Canada.

F.D.I.

National Treasurer to the 1982 FDI Congress

It was the decision of the Executive Council that Brig.-Gen. W.R. Thompson be appointed National Treasurer to the 1982 FDI Congress.

Subscription Formula

Recent correspondence has been forwarded to Dr.C. R. Newbury, Treasurer of FDI, requesting additional information regarding the review of the subscription formula be forwarded to CDA prior to the 1982 FDI Congress. APPENDIX L

Whereas there is no evidence of support for the 1980 CDA resolution dealing with the FDI member association fee restructure; and

Whereas the meeting with the FDI Executive Director assured CDA of acceptance of our proposed administrative charges on the supporting member fee;

BE IT RESOLVED:

That CDA withdraw the resolution proposed to the FDI in 1980.

ADOPTED

EXECUTIVE

Items of Information - Not Requiring Board Action - continued

FDI

Subscription Formula

BE IT RESOLVED:

That CDA support the American Dental Association resolution to reduce the maximum member association fee contribution so that no member association will be required to contribute more than 25 per cent.

ADOPTED

BE IT RESOLVED:

That CDA delegates to the FDI continue to strive for a more equitable fee structure.

ADOPTED

Recommendations from the Conference on Priorities

A summary of the March Conference on Priorities was previously forwarded for information, and Executive Council reviewed the recommendations which resulted from the Conference. It is noted that a number of the recommendations have been acted upon, and others have been sent to the appropriate Councils, as necessary, for further attention.

Respectfully submitted,

Gilbert Utas,
Chairman
Executive Council

ADOPTION OF REPORT

The Board accepts the Report of the Executive Council.

M E M O R A N D U M

June 18, 1981

TO: Executive Council

FROM: Dr. Robert Hicks

SUBJECT: RESPONSIBILITIES OF EXECUTIVE COUNCIL MEMBERS AND OF
GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION

At the conclusion of the last Executive Council meeting, I asked that an opportunity be provided to discuss and review the responsibilities of members of the Executive Council at our next meeting. My intent and purpose of requesting discussion on this subject was to seek improvement in communication (on a two-way basis) with our general membership across Canada.

Over the past few years, considerable effort has been successfully expended improving the internal operations of our Association. Every area of our activities has been carefully reviewed and, in many instances, reorganization has occurred to improve our performance. I feel confident in making the statement that, today, the Canadian Dental Association is operating well. This is not to say that improvements will not be necessary in the future to make our Association better.

However, along with this general feeling of "a better Association than we used to have", I am most disturbed to hear on a far too frequent basis, a negative attitude toward C.D.A. from many areas of our membership. Serious challenges threatening withdrawal of participation in the Canadian Dental Association have been received from within corporate members such as British Columbia, Manitoba and Quebec.

I am not so naive to expect full membership support on all activities in a national organization as large as ours. I also accept the fact that it will take time to reverse what has become a "traditional" negative approach to C.D.A. by many sectors of our country. I am concerned though with the fact that many of these negative attitudes are changed to positive attitudes when time is taken to explain the many constructive things our national organization is now doing. This reversal of negative attitude following explanation of our activities suggests to me that our best efforts of communicating with our membership have not been totally effective.

I am in no way criticizing the tremendous efforts of our staff in providing written information to the membership via letters to the membership, articles in the Journal, Communiqués, etc. On the contrary, I sincerely applaud their work. What I am suggesting is that a vacuum in "personal communication" exists within our Association and the solution to this problem rests on the shoulders of the elected members of C.D.A., i.e. members of the Executive Council and the Governors of C.D.A.

Memo to Executive Council - R. Hicks - June 18, 1981

We have worked some time now with the new structure of membership on the Executive Council (i.e. representatives from each area or region of Canada - if possible). As one who strongly supported this new structure, I feel it is working extremely well. One of the strongest arguments for regional representation on the Executive Council was that "two-way communication" could occur in all regions of Canada. Regional input is coming to the Executive Council but I do feel improvement in communication back to our respective regions is needed. Contact with the membership cannot be left to the President, nor to articles in the Journal or regional dental news bulletins. My recommendation to the Executive Council is that our responsibilities be broadened beyond "Executive Council liaison" roles on our many Councils to include being responsible for "personal communication" by C.D.A. representatives at all significant dental meetings within our regions.

I apologize in advance to those members of Executive Council who already perform the tasks that I am about to suggest. I am only recommending these improvements because, at the present time, I am not doing many of them!

My specific recommendations are as follows:

- a) that Executive Council members be made responsible for attendance of a CDA elected representative at all significant dental meetings within their region.
 - b) that Executive Council members utilize the Board of Governors members in their regions for attendance at dental meetings.
 - c) that Executive Council members act as liaison between the CDA Governors in their regions and all Councils or staff within CDA (i.e. if certain CDA Governors are concerned about particular issues they should be encouraged to utilize their regional Executive Council member to gain information and assistance in resolving their concerns).
 - d) that Executive Council members discuss on a regular basis with the CDA Governors in their regions methods of promoting the image of our national association with their regions.
- etc., etc.

Memo to Executive Council - R. Hicks - June 18, 1981

My list is only a first attempt to stimulate discussion and consideration of this important "personal communication" area. I am attaching as Appendix I to this memorandum, a letter which I sent to all members of the CDA in British Columbia together with the Membership IQ developed by staff. The response I received was gratifying. I only use this example as a basis for discussion and comment and do not recommend it as the only method to be utilized.

I trust our discussions together with possible discussions on this topic at our Annual Board Meeting may lead to many "negative CDA attitudes" being reversed to "positive CDA supporters".

FOREWORD TO THE 1982 BUDGET PROJECTION

In 1981 minor changes in reporting were made to the Budget presentation. In this year's presentation we have again made minor changes for greater clarification to the reader and additional schedules have been added. We hope you will consider these changes an improvement.

APPENDIX A

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION

	Actuals 1980	Budget 1981	4 Month Actuals	Budget 1982	
REVENUE:					
Fees	\$1,212,655	\$1,744,919	\$1,591,802	\$1,736,855	(1)
Gross Advertising	285,120	337,700	118,157	408,500	
Rental Income	107,021	105,761	38,779	106,962	
Grants	44,326	36,500	5,875	36,500	
Publications	40,229	30,000	11,269	35,000	
Interest	19,754	25,000	11,778	30,000	
Accreditation	25,150	21,500	3,500	21,900	
Other Income:					
FDI Rec/Pay	4,058	3,000	10,466	6,000	
Dental Health Month	11,143	-	16,413	15,000	
Annual Convention	11,379	-	-	-	
Foreign Exchange	365	-	1,989	-	
Miscellaneous	1,967	-	900	-	
TOTAL	<u>\$1,763,167</u>	<u>\$2,304,380</u>	<u>\$1,810,928</u>	<u>\$2,396,717</u>	
EXPENDITURES:					
Salaries & Benefits	\$ 408,764	\$ 448,350	\$ 141,349	\$ 514,800	
Journal	334,594	396,550	120,369	480,600	(2)
General & Administration	245,569	283,700	81,312	280,300	(3)
Travel & Meetings	231,294	227,600	89,278	257,400	(4)
Property Management	194,717	215,000	78,974	256,941	(5)
Honoraria & Per Diems	155,145	143,250	52,215	156,625	(6)
Publications	42,489	57,000	6,655	63,000	
Dental Aptitude Program	25,487	34,400	20,298	41,000	
Conferences	30,946	29,000	-	29,500	
Accreditation	24,275	25,700	6,795	30,600	
Dental Health Month	24,653	15,000	22,884	30,000	
Membership Campaign	-	-	-	25,000	
Institutional Advertising	-	15,000	-	15,000	
Student Affairs	-	-	-	7,000	
F.D.I. Admin. Expenses	-	-	-	6,000	
TOTAL	<u>\$1,717,933</u>	<u>\$1,890,550</u>	<u>\$ 620,129</u>	<u>\$2,193,766</u>	
EXCESS OF REVENUE OVER EXPENSES	<u>\$ 45,234</u>	<u>\$ 413,830</u>	<u>\$1,190,799</u>	<u>\$ 202,951</u>	

SCHEDULE NUMBERS PLACED BESIDE BUDGET ITEM

APPENDIX A
SCHEDULE 1

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION

	<u>Actuals</u> <u>1980</u>	<u>Budget</u> <u>1981</u>	<u>4 Month</u> <u>Actuals</u>	<u>Budget</u> <u>1982</u>
FEES:				
Active	\$ 977,564	\$1,532,600	\$1,460,112	\$1,503,400
Corporate	129,904	126,819	84,820	128,455
D.A.T.	70,600	57,000	30,901	70,000
Student	19,537	20,000	-	20,000
Associate	7,050	6,000	8,150	7,000
Affiliate	8,000	2,500	7,819	8,000
TOTAL	<u>\$1,212,655</u>	<u>\$1,744,919</u>	<u>\$1,591,802</u>	<u>\$1,736,855</u>

BREAKDOWN OF 1982 MEMBERSHIP: PROJECTION BASED ON 1981 ACTUALS

<u>1981 Actuals</u> <u>as at April 30th</u>	<u>Projected</u> <u>Active &</u> <u>Affiliate</u> <u>@ \$200</u>	<u>Corporate</u> <u>@ \$13</u>	
1,501 British Columbia	\$ 300,200	\$ 19,513	
967 Alberta	193,400	12,571	
297 Saskatchewan	59,400	3,861	
398 Manitoba	79,600	5,174	
1) Ontario	505,400	(23,000	RCDS
		(30,416	ODA
2) Quebec	237,400	(12,000	ODQ
		(13,600	QDSA
176 New Brunswick	35,200	2,288	
307 Nova Scotia	61,400	3,991	
39 Prince Edward Island	7,800	507	
118 Newfoundland	23,600	1,534	
TOTAL	<u>\$1,503,400</u>	<u>\$ 128,455</u>	

1) Ontario figures calculated at:

Active & Affiliate	2,527 x \$200
Corporate	ODA @ 3,802 x \$8
	RCDS @ 4,600 x \$5

2) Quebec figures calculated at:

Active & Affiliate	1,187 x \$200
Corporate	QDSA @ 1,700 x \$8
	ODQ @ 2,400 x \$5

APPENDIX A
SCHEDULE 2

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION

	<u>Actuals</u> <u>1980</u>	<u>Budget</u> <u>1981</u>	<u>4 Month</u> <u>Actuals</u>	<u>Budget</u> <u>1982</u>
JOURNAL REVENUE:				
Gross Advertising	\$ 268,985	\$ 325,000	\$ 106,929	\$ 395,000
Sale of Reprints	5,716	1,500	76	1,000
Sale of Journal Subscr.	10,419	11,200	11,154	12,500
TOTAL	<u>\$ 285,120</u>	<u>\$ 337,700</u>	<u>\$ 118,159</u>	<u>\$ 408,500</u>
JOURNAL EXPENSE:				
Salaries & Benefits	\$ 42,020	\$ 42,550	\$ 12,449	\$ 45,000
Agency Commission	36,836	45,000	13,527	53,100
Sales Commission		3,000	2,151	7,500
Printing	172,528	222,000	65,296	255,000
Layout		3,000		4,500
Shipping	11,648	10,000	3,303	11,000
Postage	37,406	43,500	13,847	60,000
Travel	1,745	3,500	1,261	4,500
Translations	5,612	5,000	2,655	8,000
Sundry	2,677	2,000	1,760	5,000
Brokerage	195	500	67	500
Promotion (Audit)	1,061	2,500	856	3,500
Scientific Editor	9,860	11,000	1,425	12,000
Telephone & Telegraph	2,172	1,500	434	2,500
Reprint Expense	6,371	1,500	1,338	3,500
Bad Debt Expense	4,463			5,000
TOTAL	<u>\$ 334,594</u>	<u>\$ 396,550</u>	<u>\$ 120,369</u>	<u>\$ 480,600</u>
EXCESS OF REVENUE OVER EXPENSE	<u>\$ (49,474)</u>	<u>\$ (58,850)</u>	<u>\$ (2,210)</u>	<u>\$ (72,100)</u>

COST PER MEMBER/JOURNAL DEFICIT:

	<u>Deficit</u>	<u>Membership</u>	<u>Cost Per</u> <u>Member</u>
1979	\$69,250	7,918	\$ 8.74
1980	\$49,474	8,234	\$ 6.00

- Membership figures obtained from Journal Audit, final month before membership campaign, include Active, Affiliate, Associate, Life and Past Presidents.

APPENDIX A
SCHEDULE 3

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION

	Actuals 1980	Budget 1981	4 Month Actuals	Budget 1982
GENERAL & ADMINISTRATION:				
1) Office Equipment	\$ 18,808	\$ 30,000	\$ 6,695	\$ 35,000
Insurance	9,957	7,700	2,317	10,000
Office Supplies	13,829	18,000	7,827	18,000
Postage	22,390	40,000	9,675	36,000
Shipping & Delivery	8,887	7,500	4,616	5,000
Telephone & Telegraph	25,159	25,500	11,349	35,000
Translations	9,148	13,000	1,641	10,000
Data Processing	29,315	30,000	5,234	27,800
Printing	37,579	40,000	12,342	30,000
2) Professional Services	33,990	38,000	3,638	38,500
3) Grants & Sponsorship	10,840	17,000	11,985	21,400
Subscriptions	974	2,000	593	2,000
4) Other	24,693	15,000	3,400	11,600
	<u>\$ 245,569</u>	<u>\$ 283,700</u>	<u>\$ 81,312</u>	<u>\$ 280,300</u>
Office Equipment Breakdown:				
1) Rental & Maintenance	\$ 14,117	\$ 20,000	\$ 6,517	\$ 25,000
Purchases	4,691	10,000	178	10,000
	<u>\$ 18,808</u>	<u>\$ 30,000</u>	<u>\$ 6,695</u>	<u>\$ 35,000</u>
2) Professional Services include:				
	Audit			\$ 8,500
	Legal			10,000
	Consultants			20,000
				<u>\$ 38,500</u>
3) Grants/Sponsorship include:				
	CDA membership in FDI (1981 cost \$7,640); CFDE annual grant (1980/81 paid 1981, \$1,000); Sponsorship of meetings; gifts, awards, etc.			
	1982 Budget for Grants/Sponsorship includes \$8,400 grant to CSA; \$8,000 to cover FDI 1982 Membership and \$5,000 to cover other Grants, Sponsored Meetings or Awards.			
4) Other Category for 1982 covers:				
	Depreciation Furniture & Fixtures		\$	7,600
	Misc. Office Expense			2,000
	Personnel Advertising			2,000
				<u>\$ 11,600</u>

NOTE: Postage, Shipping, Data Processing & Printing Project decreases due to re-allocation of membership campaign cost, FDI & Student Affairs expense to their own accounts.

APPENDIX A
SCHEDULE 4

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION

	Actuals 1980	Budget 1981	4 Month Actuals	Budget 1982
TRAVEL & MEETINGS EXPENSE:				
Executive Council	\$ 37,167	\$ 25,000	\$ 10,562	\$ 35,000
Management Committee	25,838	22,000	6,918	25,000
Product Acceptance Committee	2,174	4,000	3,292	2,000
Membership Committee		2,000	206	1,000
Taxation Committee	40	1,000		2,500
President's Expenses	25,627	20,000	5,915	20,000
Editorial Board	968	1,000	1,377	2,500
Council - Constit. & By-Laws		1,700		2,500
1) Council - Dental Mat. & Dev.	6,750	8,500		8,000
Council on Education	9,458	8,000	276	10,000
D.A.T. Committee	14,366	12,000	1,229	14,000
Continuing Education				3,000
Council on Ethics	3,895	5,400		5,400
Council on Health Care	14,920	14,000		17,000
Alternate Delivery Committee				5,000
Council on Hospital Services	4,818	9,000	2,170	7,000
Council on Info. Services	4,256	6,000	1,740	7,000
2) Council on Student Affairs	8,390	8,500	5,739	12,500
3) Board of Governors	41,761	45,000	14,356	40,000
Presidents & C.E.O.s	4,487	1,000		5,000
Staff Travel	26,379	33,500	7,476	33,000
Unbudgeted Travel & Meeting Expense:				
Conference on Priorities			21,624	
C.D.A. Manpower			3,507	
Alternate Delivery			1,656	
Ad Hoc Committee on Licensing			1,235	
	<u>\$ 231,294</u>	<u>\$ 227,600</u>	<u>\$ 89,278</u>	<u>\$ 257,400</u>

- 1) Budgeted amount for Council on Dental Materials & Devices includes \$3,600 to cover I.S.O. Meeting expense.
- 2) \$4,000 included in Council on Student Affairs expense to cover Student Reps. travel expense for attending other C.D.A. meetings and any other events.
- 3) Budget for Board of Governors includes all expenses identifiable to the Meeting, i.e. translation, hotel expenses, receptions, etc.

APPENDIX A
SCHEDULE 5

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION

	Actuals 1980	Budget 1981	4 Month Actuals	Budget 1982
PROPERTY MANAGEMENT:				
1. Dep'n. Expense - Bldg.	\$ 37,112	\$ 37,000	\$ 14,647	\$ 43,941
Insurance	2,839	2,000	1,142	4,000
Light, Heat & Water	29,400	36,000	10,715	40,000
2. Mortgage & Interest	59,772	65,000	22,456	90,000
3. Realty Tax	30,870	45,000	13,452	40,000
Repair & Maintenance:				
Labour	12,000	10,000	4,179	12,500
Grounds	1,300	2,000	1,405	5,000
Supplies	2,641	3,000	1,047	3,500
Mechanical Equipment	17,004	13,000	9,006	15,000
Miscellaneous	1,779	2,000	925	3,000
TOTAL	<u>\$ 194,717</u>	<u>\$ 215,000</u>	<u>\$ 78,974</u>	<u>\$ 256,941</u>

- Depreciation Expense - 1981 Actuals of \$43,941 will be over Budget. Amortization of Improvements added in 1980 were unknown at time of 1981 Projection.
- Mortgage Renewal, February 28/81;- \$450,711 @ 15.25% for one year.
Total P. & I. payments for 1981 will be \$69,818 or \$5,000 over Budget.
1982 Budget Projection based on \$441,711 @ 18%
1982 yearly interest \$79,508
Principal reduction approx. \$10,000
\$89,508
- Realty Tax reduction due to removal of budgeted amount for Provincial Re-Assessment.
1981 Tax breakdown:

School Boards	\$17,724.13
Regional Council	8,496.54
City Council	<u>9,417.15</u>

1981 Total	\$35,637.82
1980 Tax paid	<u>30,663.45</u>
Increase @ 15.3%	<u>\$ 4,974.37</u>

NOTE: Information regarding tenancies may be found on Page 2 of the Notes.

APPENDIX A
SCHEDULE 6

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION

	<u>Actuals 1980</u>	<u>Budget 1981</u>	<u>4 Month Actuals</u>	<u>1982 Projection</u>
PER DIEMS:				
Executive Council	\$ 28,937	\$ 23,000	\$ 13,038	\$ 30,000
Management Committee	37,115	25,000	12,000	31,740
Product Acceptance Comm.	-	-	-	400
Membership Committee	-	1,500	450	900
Taxation Committee	-	1,250	-	900
President's Expense	29,655	23,500	3,838	23,335
Editorial Board	462	-	-	1,000
Constitution & By-Laws	-	1,000	400	500
Dental Mat. & Devices	1,300	1,500	-	1,000
Council on Education	1,600	3,000	-	3,600
D.A.T. Committee	400	-	750	1,500
Continuing Education	-	-	-	500
Council on Ethics	1,750	2,000	-	1,000
Council on Health Care	2,150	2,500	400	2,000
Council on Hosp. Services	2,350	2,500	600	2,000
Council on Info. Services	1,000	1,500	1,300	2,500
Council on Nominations	-	500	-	300
Council on Student Affairs	1,300	1,500	1,400	1,500
Board of Governors	19,894	20,000	7,375	19,000
Presidents & CEOs	<u>562</u>	<u>1,000</u>	<u>-</u>	<u>950</u>
	\$ 128,475	\$ 111,250	\$ 41,551	\$ 124,625
Honoraria	<u>26,670</u>	<u>32,000</u>	<u>10,665</u>	<u>32,000</u>
	<u>\$ 155,145</u>	<u>\$ 143,250</u>	<u>\$ 52,216</u>	<u>\$ 156,625</u>

1982 Per Diems projected on basis of estimated amount per meeting x scheduled meetings per year. As Executive Council, Management Committee and President's accounts include other expenses than those from scheduled C.D.A. meetings, these categories are estimated using prior year's figures while trying to maintain the overall Budget amount.

CANADIAN DENTAL ASSOCIATION

NOTES TO THE 1982 BUDGET PROJECTION

1. In the preparation of this budget projection, important considerations were the inflation rate of 12% predictions of an increase in paper costs and related printing supplies of 14%; and, Bell Canada applying once more to the CRTC for rate increases, i.e. 28% increase in long distance charges.
2. It should be noted that the total revenue reported at four months is 79% of the 1981 budget prediction. The expenses, which are more evenly distributed, are assumed to be one-third reported and therefore the revenue versus expense figure at four months is overstated.
3. Changes in reporting include a breakdown of other income under revenue and the reporting of CDA programs previously recorded under General & Administration as separate budget items.
4. When comparing Revenue and Expense items obvious offsets are Gross Advertising/Journal; Rental Income/Property Management; and, like named items such as Publications, our pamphlet program. Revenue items not as easy to compare are:
 - 4.1. Grants: in this budget item we record income against Conferences (Student, Teaching, Table Clinic) paid through C.F.D.E.; income against accreditation from N.D.E.B.; and, Income from the C.D.A. Seal of Approval program.
 - 4.2. Accreditation: this item is budgeted at \$11,900 per year through A.C.F.D. based on a five year payment plan set up in 1978 and any direct payment expected from school surveys to institutions not in the plan. Hospital survey income is also included. (The figure does not show the allocation from Corporate fees.)
 - 4.3. F.D.I. Rec/Pay: subscription revenue received is recorded in this account and the F.D.I. portion plus foreign exchange is deducted from this account. The resulting balance is an offset to C.D.A. Administration and Travel Expense. (The C.D.A. yearly subscription fee is recorded under Gen. & Admin.)

APPENDIX A

NOTES TO THE 1982 BUDGET PROJECTION - cont'd

5. Items under Expenditures which have been re-located are:

5.1. General & Administration: this budget item shows a decrease due to Membership Campaign, F.D.I. expense and Student Affairs acquiring their own account codes.

5.2. Dental Health Month: formerly the revenue received was netted against the expenses and the yearly budgeted amount was to cover the additional cost. This Budget has not been increased; the Revenue and Expenses are now recorded as separate items.

6. Travel & Meeting Expense projections were calculated at:

6.1. \$328 airfare per person x no. of meetings (this amount is arithmetic average of North American rates from Ottawa).
 \$ 60 per day accommodation)
 \$ 50 per day living expense) x No. of people x No. of days
 x No. of meetings

6.2. Executive Council & Management Committee based on scheduled meetings days and precedent set due to liaison requirements of the positions.

6.3. President's expense account is set up to record all expenses incurred by the incumbent in the performance of his duties over and above direct meetings' expense.

7. Additional Property Management Information:

Tenant	Sq Ft	Per Annum	Rental Per Sq Ft	Termination Date
Educ. Health Environment	\$ 970	\$ 8,730	\$ 9.00	06/82
Can. Council Hosp. Accred.	2,664	23,310	8.75	07/84
Clendenning	300	2,550	8.50	12/83
Fed. of Medical Women	125	1,375	11.00	07/82
Royal Can. Flying Club	918	7,344	8.00	07/82
Can. Pharmaceutical Assoc.	4,140	37,260	9.00	01/85
Alcron	2,919	21,892	7.50	10/83
Ottawa Dental Society (approx)	100	900	9.00	Monthly
	<u>\$12,136</u>	<u>\$103,361</u>		
C.D.A.	<u>9,900</u>		8.86	
	<u>\$22,036</u>			

C.D.A. rental per sq. ft. based on difference between 1980 Property Management Expense and Rental Revenue. This amount will change yearly.

$$\begin{aligned} \$194,716 - \$107,021 &= \$87,696 = \$8.86 \\ &\quad 9,900 \end{aligned}$$

APPENDIX A

CANADIAN DENTAL ASSOCIATION 1982 BUDGET PROJECTION

Appendix A

	<u>Actuals</u> <u>1980</u>	<u>Budget</u> <u>1981</u>	<u>4 Month</u> <u>Actuals</u>	<u>Budget</u> <u>1982</u>
D.A.T. FINANCIAL PROFILE:				
REVENUE	<u>\$ 70,600</u>	<u>\$ 57,000</u>	<u>\$ 19,209</u>	<u>\$ 70,000</u>
EXPENSE				
Printing	\$ 8,795	\$ 12,000	\$ 4,617	\$ 10,500
Test Supplies	1,630	2,500	1,040	3,500
Shipping	2,443	3,400	540	3,000
Grading - Computer Serv.	6,860	6,000	7,308	7,500
1) Validation	1,383	6,500	401	4,000
Fee for Services	<u>9,350</u>	<u>8,000</u>	<u>6,392</u>	<u>12,500</u>
	\$ 30,461	\$ 38,400	\$ 20,298	\$ 41,000
2) Overhead including Salaries & Administration	<u>34,400</u>	<u>36,780</u>	<u>10,422</u>	<u>40,457</u>
	<u>\$ 64,861</u>	<u>\$ 75,180</u>	<u>\$ 30,720</u>	<u>\$ 81,457</u>

1) 1982 Budget for Validation Study is CDA portion of expenses.

2) 1980 Expenses for D.A.T. were 2% of total CDA expenses. This is the percentage used to apportion administration cost, however no policy of allocating this cost to the Budget is contemplated at this time.

NOTE: Appendices A and B present expenses from more than one budget item, they are included for information only.

APPENDIX A

CANADIAN DENTAL ASSOCIATION
1982 BUDGET PROJECTION
ACCREDITATION SURVEYS ANALYSIS

Appendix B

	Actual <u>1980</u>	Budget <u>1981</u>	4 Month <u>Actuals</u>	Budget <u>1982</u>
REVENUE:				
Corporate Grants	\$ 53,315	\$ 53,315	\$ 38,373	\$ 54,015
Surveys ACFD (Schools)	7,600	12,000		12,000
Invoiced (Hosp. & School)	13,250	3,000	3,500	10,000
Grants NDEB	<u>15,000</u>	<u>15,000</u>	<u>-</u>	<u>15,000</u>
TOTAL	<u>\$ 89,165</u>	<u>\$ 83,315</u>	<u>\$ 41,873</u>	<u>\$ 91,015</u>
EXPENSE:				
Travel & Meetings:				
Schools	\$ 25,260	\$ 28,250	\$ 458	\$ 17,000
Hospital	4,818	9,000	2,170	7,000
Survey Expense:				
Schools	\$ 22,068	\$ 23,705	\$ 5,133	\$ 19,600
Hospital	2,708	6,600	12	3,000
Fee for Service:				
Schools	\$ 3,750	\$ 6,100	\$ 1,650	\$ 6,700
Hospital	2,350	2,400	-	1,300
Admin. Expense:				
Schools	\$ 60,185	\$ 59,521	\$ 14,825	\$ 61,050
Hospital	<u>11,494</u>	<u>18,796</u>	<u>6,353</u>	<u>20,350</u>
TOTAL	<u>\$ 132,633</u>	<u>\$ 154,372</u>	<u>\$ 30,601</u>	<u>\$ 136,000</u>

NOTE: Appendices A and B present expenses from more than one budget item, they are included for information only.

SUMMARY OF A MEETING OF THE
AD HOC COMMITTEE - CDA/LICENSING BODIES

June 5, 1981

Present:

Brig.-Gen. W.R. Thompson, CFDS, Chairman
Dr. R. Thordarson, British Columbia
Dr. P.R. Crawford, Manitoba, CDA Governor
Dr. J.G. Thompson, New Brunswick
Dr. B.L. Bowden, Newfoundland
Dr. S.G. Bagnall, Nova Scotia
Dr. C. Doughty, Ontario (replacing Dr. K.F. Pownall)
Dr. R.D. Wenn, P.E.I.
Dr. J.G. Landry, Quebec
Dr. G.H. Peacock, Saskatchewan

Regrets:

Dr. B.P. Martinello, Alberta

CDA Staff:

Mrs. P. Cunningham, Secretary for the Meeting

The Chairman welcomed participants to the meeting, which included representatives of all provinces except Alberta. The latter had expressed regrets and relayed their position to the meeting.

The Chairman then proceeded to review background material from previous years studies and meetings including the Ad Hoc Committee meeting of April 2, 1981.

The organizations of Medical and Legal Licensing Authorities was then outlined by the Chairman including the relationships of the Canadian Medical and Bar Associations. The representatives of the provincial licensing authorities were then requested to express their authorities' opinions on the subject at hand.

There was general consensus that a new format was required to allow licensing authorities to meet as a group, to assess information and to discuss matters of specific interest and concern. It was evident that the attending licensing authorities did not consider that the meetings of the Presidents and Chief Executive Officers, held for the past two years allowed the format they desired or indeed required.

Further discussion also confirmed that the attendants did not consider that a council, committee or similar format within the CDA would be the most productive format. They determined that an autonomous organization, closely allied to the CDA would be the most beneficial organization for the licensing bodies and the CDA.

Summary - Ad Hoc Committee - CDA/Licensing Bodies...cont'd

The licensing authorities representatives were in complete agreement that close cooperation with the CDA and such a licensing organization was imperative to both parties and that matters of common interest would be exchanged. Reciprocal representation at meetings would be most desirable to ensure maximum communication and cooperation.

The following recommendation was then formulated and unanimously approved for forwarding to the Executive Council:

Having regard to the common ground of jurisdictional matters that exists among the provincial licensing authorities in Canada, the Ad Hoc Committee, on recommendation of the nine licensing authorities represented, proposes the establishment of a national organization of such licensing authorities with the following objectives:

1. To cooperate with the CDA in an advisory capacity, providing resources, information and communication on matters of common interest;
2. To aid and facilitate solutions to problems of a licensing nature from province to province for the benefit of one or more provinces;
3. To study and promote uniformity among the provincial dental licensing authorities in matters pertaining to licensing.

The Ad Hoc Committee hoped that the CDA involvement with this organization will be one of cooperation, with acceptance of resources and input, and that the CDA will provide information, communication, etc. to this body.

Respectfully submitted,

W.R. Thompson, Chairman
Ad Hoc Committee -
CDA/Licensing Authorities

ADOPTION OF REPORT

The Board accepts the report of the Ad Hoc Committee - CDA/Licensing Bodies with thanks.

APPENDIX C

MEMO TO: CDA Governors
Corporate Members

FROM: Hubert Drouin,
Executive Director

DATE: April 6, 1981

SUBJECT: Convention Format

At the March Board of Governors meeting more discussion was requested about the proposed convention format adopted by Executive Council. Before this matter is referred to an Ad hoc Committee, I have been requested to obtain comments from you relating to this document.

Would you, therefore, review the proposed convention format and send your comments to my attention by the end of April.

HD:dt

Encl.

CDA ANNUAL CONVENTION PROTOCOL

The preparation of a convention or conference which attracts 1,000 delegates is an undertaking of enormous proportions which requires extensive planning and coordination. In order to provide a proper organizing committee to address such a major project on an annual basis, the following recommendations are proposed.

Structure (The Convention Committee is a Committee of the Executive Council)

Organizing Convention Committee:

- Chairman - appointed by CDA from host province - 3 years (This will afford continuity prior to, during and following the Conference)
- Member - Local Arrangements and Social Programs
- Member - Scientific Programs - appointed annually (renewable 3 times)
- Member - Past-Chairman
- Member - Chairman - Conference to Follow
- Representatives - from each Specialty Section
 - CDHA
 - CDNAA
 - Dental Industry Association
 - RCD(C)

Staff Support:

- CDA - Executive Director
 - Director of Conference
- Provincial Association - Executive Director

It is intended that the Organizing Committee, comprised of the five members of the Convention Committee and representatives from the various Sections of CDA and other affiliate groups (as indicated above) will meet on at least one occasion to formulate policy regarding the overall theme, registration fees, refund policies, honoraria, social events, scientific programs, and to set the budget.

Following this initial meeting, which should be held at CDA headquarters, subsequent meetings will be held by the Convention Committee in the host city on at least two additional occasions prior to the actual conference to consolidate their activities.

The success of these meetings will depend largely on the work and preparation of each committee member between these meetings, and the support of the staffs of the two participating associations.

Responsibilities

Accordingly, the following responsibilities will be assigned to support staff to carry out and to report progress on, at each subsequent committee meeting. In the near future, CDA will be appointing a senior staff member to assist the general chairman and the overall committee. This individual will coordinate the exhibits, printing and publicity, and registration and housing. Previously these functions were assigned to different persons every year, creating a lack of continuity and great difficulties in achieving cost-effective budget controls.

In addition, the CDA staff will work with the staff of the host Association in the implementation of the above-mentioned tasks.

A member will be appointed by CDA on the recommendation of the host Association and shall be responsible for the coordination of local arrangements and social programs. This will include the spouses' program, organized luncheons and dinners, tours and transportation, and special events.

The member of the Convention Committee responsible for the development of the Scientific programs will consult with the various Sections and Groups of the Association. The consultation will be facilitated by the attendance of these groups at the first meeting of the Organizing Committee. Consultations should also be held with the host Association and Convention Chairman.

Meeting Format

A possible general format under consideration which is utilized by several major organizations is the plenary session, featuring a key-note speaker. This is usually followed by break-out meetings or concurrent sessions during which several presentations may be made by participating groups such as the Specialty Sections of the CDA. The existing protocol detailing the timing of the Board of Governors meeting and receptions will be integrated with a similar format, as outlined previously.

It is also recommended that the new format include an Official Opening of the Dental Trade Show on the Sunday during registration of delegates and to allow sufficient time during the Convention to visit the exhibits.

Per Diem

The Chairman of this Committee is eligible for per diem plus expenses for authorized meetings of the Convention Committee, while other Committee members are eligible for travel, accommodation and meals expenses only.

In conclusion, I wish to inform you that a preliminary meeting was held in September, 1980 at the time of the Board of Governors Meeting with representatives of the B.C. College in anticipation of the 1983 Annual Convention. These recommendations were reviewed in brief, and I am pleased to report to you that acceptance of this outline was given in principle, pending your approval of this report.

DR. JOHN S. CHRISTIE, D.D.S.
1595 BEDFORD HWY.
SUITE 310
BEDFORD, N.S.
B4A 1E7
Telephone 835-5286 - 835-8662

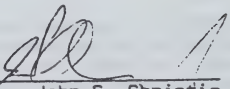
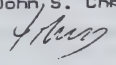
May 4/81

Mr. Hubert Drouin
Canadian Dental Ass.
1815 Alta Vista Dr.
Ottawa, Ont
K1G 3Y6

Dear Hubert:

Please find enclosed our proposal for
Convention Administration.

Best Wishes,


Dr. John S. Christie


C.D.A. Convention Administration

PHILOSOPHY

A National clinical, trade & social gathering which by its nature must be joint C.D.A., Provincial Association undertaking.

PERSONNEL

C.D.A.:

A full time convention coordinator- A COA employee whose sole responsibilities are of dealing with conventions. Other COA people as required.

PROVINCIAL:

A convention committee selected principally by the corporate member & approved by convention coordinator. This committee responsible to both COA & Corporate Member.

ADVISORY COMMITTEE

A committee of past convention chairpersons plus convention coordinator which examines the convention process & make recommendations for its evolution. Should meet immediately after each convention.

RESPONSIBILITIES

C.D.A.

1. Develop formula for dealing with:

Exhibitors	Clinician's
Affiliated groups	Guest or free
Specialty sections	registrations

2. Mailouts & Printing

Should establish a basic design format & procedures for handling. Provincial committee provide their data requirements & COA carry out.

3. Establishes in due time, COA specific social requirements e.g. identity of Head table people, guests, freebies Etc.

4. Other COA requirements which may be a variation from previous years-in due time.

5. Advise Provincial Committee in developing budget, then approve & monitor finances as required.

(monies will stay in Province until all expenses paid, books balanced, Bills will be paid by provincial committee)

5. Liase with larger corporations for donations and support.

PROVINCIAL COMMITTEE

1. Carry out within CDA guidelines planning and execution of
 - A. Social & Spouces Program
 - B. Trade exhibit
 - C. Clinical Sessions
 - D. Business meetings
 - E. Registration
 - F. Accommodation
 - G. Finances
 - H. Coordinate with specialty sections & affiliated groups

It is proposed then that CDA be responsible for developing policies and guidelines and also the execution of such activities the nature of which are better handled repeatedly by an experienced team. CDA coordinates its role & liases with the provincial committee via a convention coordinator.

The Provincial Committee using CDA policies & guidelines provide the detail planning & execution as well as maintain monetary responsibilities.

As a foot note: We suggest that this or any proposal for convention administration can only work well in an atmosphere of trust, cooperation tolerance and mutual respect.



300-296 Kennedy Street, Winnipeg, Man. R3B 2M6

APR 29 1981

21 April 1981

Mr. H.E. Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Hubert:

Thank you for asking for our comments about the draft Canadian Dental Association "Convention Format".

Manitoba's view of this question is unique in that the C.D.A. Conventions held in Winnipeg in 1970 and 1978 were totally organized locally. The 1970 Convention was prior to the Murray Cornish and Jim Glover era and our 1978 Convention was after that era and after an attempt to have professional convention organizers involved in Edmonton (76) and Toronto (77).

Ralph Crawford and I have discussed your draft in relation to how we saw the 1978 C.D.A. Convention in Winnipeg. We do agree that there is a definite necessity for the C.D.A. Ottawa office to have a positive role in the development and presentation of C.D.A. Conventions. For the C.D.A. to be visible to the Membership when it is a predominately voluntary organization, is of the utmost importance. We do see the role of C.D.A. in the Convention business as being relatively easy to define. The functions will be demanding but the defined role should be clear.

The C.D.A. should ...

- 1) have a C.D.A. staff person designated as a Convention Director with the necessary back up staff;
- 2) have three dentists serving as a Committee - the dentists would be the Convention Chairman from the Province that has just held a C.D.A. Convention, the Convention Chairman from the Province that will be holding the C.D.A. Convention this year and the Convention Chairman from the Province that will be holding the Convention next year;
- 3) have the three dentists above, appointed for three year terms with an annual honourarium each of \$5,000.00 as token recognition of the tremendous responsibility they have;

21 April 1981
Mr. H.E. Drouin

- 4) have the three dentists and the C.D.A. Convention Director meet before, during and after each C.D.A. Convention to discuss the development, presentation and assessment of each Convention so that necessary modification can be made before the presentation of the next Convention;
- 5) have the four people mentioned above totally responsible for all facets of the organization and policy development for C.D.A. Conventions. This will necessarily include formulating overall themes, budgets, registration fees, publicity, social programs, scientific programs, liaison with Specialty Sections, Auxiliaries Associations, exhibitors and advertisers and time tabling C.D.A. formal functions with the Convention program;
- 6) have these same four people decide what role the C.D.A. should have with the production of each Convention and what the on site local Convention Committee will have to do. This itemization of functions will not be a static list, but will vary with the interest, capabilities and manpower available in every Convention location. In a few years, the operation will be smooth as each sorts out naturally, what it is best to do either nationally or locally.

Hubert, this letter has not been an attempt to prepare a detailed approach for the re-institution of the C.D.A. office into organizing Conventions but merely an attempt to present a practical concept of 4 key people with sufficient background to competently put together the Canadian Dental Association's Annual 'showpiece'.

If you would like to discuss any of this, please do not hesitate to phone either Ralph or myself.

Yours truly



Ross H. McIntyre
Secretary-Treasurer
Manitoba Dental Association



COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

1125 West Eighth Avenue, Vancouver, B.C. V6H 3N4

Area Code 604 - 736-3621

May 5, 1981

Mr. H.E. Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Hubert,

Re: Convention Format

I have two problems with the convention protocol as suggested in Appendix VI.

1. Chairman should be Chairman for one year, not three. The other two years he would be a member as 'Past Chairman' and 'Chairman Elect'. I assume this is what we discussed at our meeting in Ottawa in September 1980.
2. I feel that with the above continuity, the scientific program for the convention, in this area, could be developed by the 'Chairman Elect' and a local committee.

The Chairman and his committee would feel more positive in developing a program where they have scientific program 'input'. The scientific program is most important as it will often make or break the convention.

Yours sincerely,

T.E. Ramage, D.D.S.
President



COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA
1125 West Eighth Avenue, Vancouver, B.C. V6H 3N4 Area Code 604 - 736-3621

To: H.E. Drouin, Executive Director
From: Ken L. Croft, Managing Director
Date: April 16, 1981 APR 22 1981
Subject: Convention Format

My chief thought is that two or three recent convention chairmen review the format in order to make it more detailed and specific. This, of course, is being done.

There will be special conditions to deal with in different convention locations. For instance, my office has virtually nothing to do with administration of conventions. A conventions agency serves as staff for our convention committee. Cost is a consideration in the convention budget.

APPENDIX C

29 Cedar Drive
Scarborough, Ontario
M1J 3E6

April 15, 1981

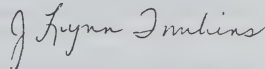
Dear Mr. Drouin,

I have received the copy of the Convention Committee format for review, and have the following comments to make.

The national student table clinic programme is an important vehicle for student participation in the national convention. The Council on Student Affairs strongly supports the table clinic programme and was pleased to note the high profile given to the table clinics at the 1980 convention. Council also feels that dental student participation in the scientific and lecture sessions is an important means of encouraging future dentists to support the national convention and the CDA.

There are, on the Convention Committee proposed, representatives from the Specialty Sections, CDHA, CDNAA, Dental Industry Association, and RCD(C). Has the possibility of including a representative from the Council on Student Affairs in the Convention Committee been considered? If not, I would respectfully ask you to do so at the meeting of the Ad Hoc Committee.

Sincerely,



Dr. J. Lynn Tomkins
Council On Student Affairs

1e 10 avril, 1981

Cher Monsieur:

Je reçois a l'instant votre "memo" concernant
le congrès annuel.

Je dois vous dire que j'acquiesce a vos recommandations
en principe.

Toute fois je suggèrerais que les programmes de cours
graduès puissent avoir une parole par leur directeurs de programme.

De plus je me demande s'il n'y aurait pas lieu de
songer a une thème spécifique par année.

Je cois que le Dr. Morton Lang et Michel JahJah de
Montréal pourraient aider dans la structuration d'une équipe
permanente.

Bien à vous,

A handwritten signature in dark ink, appearing to read 'G. Harada'. The signature is fluid and cursive, with a long horizontal stroke extending to the left.



APPENDIX C

VICTORIA HOSPITAL CORPORATION — LONDON, ONTARIO

A. R. Thorlinnson, President

DEPARTMENT OF DENTISTRY

SOUTH STREET CAMPUS

375 SOUTH STREET, LONDON, ONTARIO N6A 4G5
(519) 432-5241

WESTMINSTER CAMPUS

777 BASELINE ROAD EAST, LONDON, ONTARIO N6A 4S2
(519) 681-6711

April 22, 1 81.

APR 28 1981

Mr. Hubert Drouin,
Executive-Director,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario,
K1G 3Y6.

Dear Mr. Drouin:

As requested, I have reviewed the proposed convention protocol as set forth in your letter of April 6th, 1981. I think it has many good suggestions. I find I have no serious criticism, but would suggest that like all C.D.A. matters, the diversity of our geography and the variety of concentrations of dental population, make a considerable degree of flexibility essential within the overall planning and administration of a convention.

Secondly, I firmly believe that as citizens of a great Canada, the "flavour" of the various areas should be emphasized in the theme of each convention. For example, the Maritimes' approach to a convention would be hopefully, considerably different than that produced in Calgary.

I also believe that it would be advisable to state in broad terms, a philosophy regarding the financing of a convention. Some philosophy regarding the sharing of losses and/or profits should be understood by all.

Again many thanks for permitting me to comment.

Yours truly,

A. J. Harris, D.D.S.

AJH:ls



21 April, 1981

APR 23 1981

Mr. Hubert Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Drouin:

Re: Convention Format

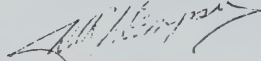
The convention protocol has been reviewed as requested in your letter of 6 Apr 1981. The following areas of concern are expressed:

- a. The format for the Organizing Committee is somewhat confusing and demanding with respect to the Chairman and the Scientific Program member. These appointments, probably for three years, will be heavy commitments as they involve not only the convention in a specific host year but also one year previously and a follow up year. I am not sure the Chairman would have the time to prepare for his own convention and also be a participating member of the current convention committee. There will be three convention committees in existence at the same time.
- b. Clarification is required with respect to the Scientific Program member. Is this member to be from C.D.A. Headquarters staff or a knowledgeable person so designated? As this will be a demanding position will it be possible to obtain such expertise for an extended period?
- c. The last and main concern, which hopefully will be answered in your other responses, is the acceptance of a C.D.A. "controlled" convention committee by the host association. Is there a danger that the host city or local association will feel that C.D.A. Headquarters is assuming the Scientific Program but leaving them with the myriad of local problems which are most time consuming? In other words are we taking away some of the prestige areas while leaving them with much of those areas which receive little reward.

APPENDIX C

If the provincial associations are positive in their response to the protocol I am in favour of it with some clarification regarding the Scientific Program's member.

Sincerely,

A handwritten signature in dark ink, appearing to read 'W.R. Thompson', with a stylized flourish at the end.

W.R. Thompson
Brigadier-General
Director General Dental Services

Nova Scotia Dental Association

TELEPHONE
902 454-5449

2745 DUTCH VILLAGE ROAD, SUITE 205
HALIFAX, N. S.

MAILING ADDRESS
P. O. BOX 804
HALIFAX, NOVA SCOTIA
B3J 2R7

April 23, 1981

APR 23 1981

Mr. Hubert Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Re: Convention Format

Dear Hubert:

We have reviewed the convention format and pass along the following viewpoints and suggestions.

With reference to the C.D.A. National Convention Protocol (Guidelines and Policy) adopted at the 1979 Board of Governors meeting, we note a major shift in philosophy, when compared with the proposed format. The former protocol entrusted the Corporate member with the organization of the convention, allowed complete autonomy and therefore gave the local organization both the authority and responsibility necessary to conduct a convention. The proposed protocol allows for little or no local level autonomy or authority but maintains the former level of responsibility. We feel this will create rather than solve problems. The body with the responsibility must have the authority to make the decisions. This is a well documented and accepted managerial philosophy.

We feel the authority for decision making and the responsibility for the results must rest with the Corporate member. To assist, we feel C.D.A. should provide the necessary central support services and provide an individual as required to provide consulting services.

The former protocol allowed for the splitting of any profit or deficit. The proposed protocol does not address this subject, however, we strongly advocate the former policy.

continued . . .

APPENDIX C

Mr. Hubert Drouin
April 23, 1981

Re: Convention Format

I will not go into further detail as Dr. John Christie, Nova Scotia Governor and 1980 Convention Co-Chairman, will be providing specific comments due to his recent exposure to the organizing and conducting of a convention.

Yours truly,

NOVA SCOTIA DENTAL ASSOCIATION

A handwritten signature in dark ink, appearing to read "D. V. Pamenter". The signature is stylized with a large, sweeping "D" and a cursive "Pamenter".

D. V. Pamenter
Executive Director

DVP/cg

cc: Dr. J. S. Christie

11 June 1981

Mr. Hubert Drouin, Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Hubert:

Further to our conversation re the Canadian Dental Association Annual Convention, I reiterate my personal feelings in that I think the Convention should be organized by the C.D.A., with the assistance of the local organizing committee. I feel the breakdown of responsibilities should be as follows:

Canadian Dental Association

1. Arranging and handling of the clinical presentation.
2. Arrangements for the exhibits.
3. Printing and preparation of all programming.
4. Advertising
5. Supplying national support staff prior and during the Convention.

Local Organizing Committee

1. Complete control of social programming with a set budget by the main committee.
2. Local arrangements for exhibits
3. Local arrangements for clinical.
4. Local advertising.

5. Local hotel arrangements.

6. Local transportation.

From the above you will realize that this is a very rough break-down of the make-up of the Convention team. The complete overseeing of this organization should be by a joint committee of the local association and the Canadian Dental Association, structured in a manner as outlined by you during our recent conversation.

If I can be of any future help, please contact me.

Yours sincerely,

GORDON ANTHONY, D.D.S.
Public Relations Chairman
Newfoundland Dental Association



ALBERTA DENTAL ASSOCIATION

EXECUTIVE DIRECTOR, REGISTRAR BRUNO P. MARTINELLO, D.D.S., D.D.P.H., F.R.C.D. (C.)

SUITE 101, 8230 - 105 STREET, EDMONTON, ALBERTA T6E 5H9 TELEPHONE 432-1012

10 August 1981

AUG 19 1981

Mr. H. Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

Dear Mr. Drouin:

Re: Convention Format

Your memo of April 6th, 1981, on the above subject was circulated to the A.D.A. Board of Directors for their comments. It was not distributed to the 1981 Calgary Convention Committee as they already had their hands full and I am certain their comments will be made in their report following this year's convention.

I have not received much input from the Board members on this subject but I am submitting the little input I did receive for consideration at this late date.

Concern was expressed about the workability of having most members of the proposed Organizing Convention Committee some distance away from the location of a Convention site for planning purposes.

The distribution of responsibilities to national and provincial levels could create some confusion and lack of communication unless it is very strictly co-ordinated.

The idea of having closer involvement of the past, present and future Chairmen has considerable merit. The view was expressed that individuals appointed by C.D.A. to chair conventions should have had previous experience at a senior level in other conventions. It might be difficult to find a local Chairman who would be willing to devote the time and effort required on a voluntary basis.

The feasibility of having the proposed C.D.A. senior staff member handling the complexity of registration and housing from a remote location is also being questioned.

A beneficial point in the re-organization of the Convention Committee is that it will force C.D.A., the specialty groups, R.C.D.(C), etc. to work in close co-operation. The comment was made that the present situation whereby the local committee has to try to co-ordinate several mini conventions can be improved. There are those factions in the mini conventions who want the benefits but do not wish to contribute to the main C.D.A. Convention. Under the proposed new structure it would appear that a more direct dialogue among the groups would be achieved.

APPENDIX C

Mr. H. Drouin
10 August 1981

In general terms I would have to say that the A.D.A. Board is not in favour of the structure as proposed. It is the view of the Board that Conventions should be handled on a local basis with the required autonomy to carry out all phases of planning, etc.. The local individuals would be most familiar with the facilities, have the necessary contacts, etc..

I trust that the foregoing comments from the A.D.A. will be of some use to C.D.A. and receive appropriate consideration.

Thank you for the opportunity to have input on the proposed convention format.

Yours truly,

B. P. Martinello

B. P. Martinello, D.D.S., D.D.P.H., F.R.C.D.(C)
Executive Director, Registrar

BPM/pdw

cc: Dr. P. J. Kirby
Dr. R. D. Kinniburgh
Dr. G. E. Utas

MANPOWER STUDY PROPOSAL
TO THE CANADIAN DENTAL ASSOCIATION

JUNE, 1981

R. K. HOUSE & ASSOCIATES LTD.
ECONOMIC CONSULTANTS

OUTLINE OF DENTAL MANPOWER STUDY FOR
THE CANADIAN DENTAL ASSOCIATION

I Introduction

This report outlines a proposed dental manpower study for the Canadian Dental Association. The research program is designed to examine the supply of dental manpower in Canada by province with the final view being to identify the emerging "critical" over-supply situation. This work will help to clarify the policy options which the CDA in conjunction with the provinces may wish to pursue.

To accomplish these goals, a number of specific tasks must be undertaken. Historical or secondary data sources must be carefully researched; a computer simulation model developed; primary data collected and analyzed; a monitor system placed with the dental associations or colleges; and demand projections completed for comparison to the supply forecast.

The following plan divides these activities into four reporting periods showing the progress of the overall research throughout the year. Each report for the periods builds on the preceding results and culminates in the fourth or "Final Report". The first will deal with "historical" data, the second with the development of the computer model and its initial runs; and the third will

examine the results of primary data collections. The "Final Report" can be rewritten so that the overall conclusions of this study may be best communicated to different audiences. It is assumed from the outset that there should be a presentation of the results ready for the annual meeting of the CDA in the fall of 1982.

The coordination of the project is best understood by looking at the Exhibits included at the back of this proposal. Exhibit A shows the time sequence of the study and how the various research activities are incorporated into each of the four reports. Exhibit B describes the data components ultimately considered by the forecast model.

After a discussion of the scope of this project, the content of the four reports will be outlined. The proposal will conclude with a look at the manpower who will conduct the study, due dates of the reports, and project costs.

II Scope

A. Occupations Included:

The focus of this study is upon occupational groups which are mobile or have the option to cross provincial boundaries with relative ease. As a result, the occupations which will be studied in this project are dentists, both general practitioners

and specialists, and the "mobile" auxiliaries: the dental hygienists and certified dental assistants (CDA's). Such auxiliaries as the dental nurse are too province-specific in that their use is confined to only parts of Canada.

Other auxiliary manpower such as the secretary/receptionist or chairside assistant are not specifically included because the sources of supply for these occupations cannot be well-defined given the poor relationship which exists between job requirements and education requirements. Quite obviously, for example, the secretary/receptionist is in demand in any office situation and so the supply available to dentistry alone is dependent on a great many criteria which are outside the scope of this study, such as relative salary offers and working conditions in the dental office situation. The study will also not deal with the spread and use of denturists.

B. The Forecast:

The forecast period from 1980 to the year 2000 has been chosen for study. This length of time is sufficient to allow for the "education lags". But, naturally, there is a recognition that as one moves closer to the end of the century the forecast projections have, statistically speaking, a wider variance.

This study will also only concern itself with the refinement of the base-line forecast. This is the forecast which

concentrates on the "most likely" scenario given the status quo. The model will, however, be designed with simulation capabilities. But, this proposal does not allow for the added expense in terms of manpower time or computer time that simulation runs would entail.

The concentration of this research is also on the supply side. Demand forecasts will be based upon population projections and assumptions about the ratio of the dentists to particular age groups. This is but a crude demand measure. Demand is also altered by the changing nature of the dental practice, technology and other measures affecting productivity, the level and nature of dental insurance, the awareness of dental health, as well as general economic variables. In depth studies of these factors are regrettably beyond the scope of this study. They may be topics for forthcoming projects by the CDA.

C. Geographical Scope

The examination of the manpower flows among the provinces is key to this study. As such, the flows within a province or the distribution problems which may be experienced within a provincial boundary are not studied.

III The Four Reports

i. Report I: Historical Data Sources

This aspect of the research explores, in effect, the "state of the art" vis-a-vis available data and its reliability. Inevitably, no data source will provide perfect information. An objective examination of what does exist, therefore, will permit the best-available estimates to be formulated and highlight the most pertinent questions for later questionnaires which are to be designed by R. K. House & Associates.

The data which must be explored will attempt to identify (1) existing stocks of dentists and auxiliaries by age, sex, province and full-time equivalents (e.g., full-time or part-time practice, retired, employed in a non-dental occupation and so on); (2) flows of dentists and auxiliaries by age, sex and province in and out of the dental manpower pool through such activities as migration, retirement, extended leaves, etc.; and (3) identification of the capacity of existing training facilities, their future capacities, past enrolments, as well as drop-out rates.

Clearly, the data to be collected here must come from a variety of sources. Co-operation, in this regard, with the

various provincial associations or colleges for each defined occupation is essential to the success of this study. These organizations will be able to provide from their membership lists the basic numbers at a minimum and, in most cases, much more. The various dental schools, hygienist schools and pertinent community colleges also must be contacted and their aid solicited. Other dentistry related information can as well be obtained by the examination of other dental manpower reports such as Don Lewis' in Ontario.

Not all data, however, will be dental-manpower-specific. For example, Statistics Canada provides up-dated information on the age and sex characteristics of death and migration rates. These levels of detail may only be available at the general level and it will be necessary, in the absence of other information, to assume that dental manpower, for instance, die much like the general population!

ii. Report II: The Forecast Model

The forecast model, which will be computerized, will forecast manpower supply for the dentists, general practitioners, hygienists and the CDA's for each of the ten provinces and Canada as a whole. Specialists are not included in the computerized versions because their small numbers allow the calculations to easily be done by hand.

In brief, the basic schema of the model is described in the

yellow portion of Exhibit B. Each year the stocks of manpower are tabulated after taking account of the withdrawals and entrants (the two basic flows) that occurred over the year.

The model is very simple in concept but allows for a good picture of the status quo. In that the stocks and flows are accounted for on an age-sex specific basis, the consequences of pure demographics can be understood. For instance, is the average or median age within the dental profession in 1980 sufficiently high that retirement or natural attrition may take care of much of the over-supply problem within a decade?

As mentioned, this study cocentrates upon the base-line forecast. But, the CDA may wish to use this model further and in another project to study the consequences of certain policy options.

The real world is sufficiently complicated to the point that it is extremely difficult for any policy-maker to comprehend the impact of any recommended solution. "Did the policy not work because of the many mitigating factors that could not be controlled or was it badly formulated at its inception?", is a question that is often asked post facto. With a model such as this that can be easily used to simulate policy options and test sensitivities, the real world can be held "at bay" to permit an examination of the individual impact. For example,

the CDA may feel that a stop to immigration or curtailment of enrolments in dental schools may be, on paper, a feasible solution to part of the oversupply problem. A simulation run with the model may show, however, that the supply is not very sensitive to changes in immigration rates or, more particularly, the model may show how enrolments may be best changed: perhaps a gradual decline may have to be followed by some increases to stabilize the supply situation.

The second report, will, therefore, outline the details of the model and provide an initial forecast. This exercise will be based on data assumptions developed from the historical data obtained in Report I.

iii. Report III: Data Collection and Analysis

In order to supplement existing data sources, a sample of dentists will be directly surveyed with a questionnaire devised by R. K. House and Associates. The exact questions can only be designed once the examination of existing information is completed. But, the thrust of the questions will be towards trying to assess what factors affect withdrawal and entrance rates in the dental professions. If these changes in flows are understood, then the forecasts into the future become more reliable. It is for this view of the future that Report III will be directed.

iv. Report IV: The Final Report

The final report will centre upon the final base-line forecast

from the model. These results will be based upon up-dated information gained from the questionnaire and a monitoring system which can hopefully be put in place in September 1981, within the various dental associations or colleges. Specifically, this monitoring system will ask the registrars to keep track of the "flows" within their province throughout the year. Such information may be difficult to assess from a numerical point of view, but can provide invaluable insight into the timing of flows over the year and to factors affecting them. The report will, in addition, evaluate the supply forecast in relation to a demand forecast. (See Exhibit B)

IV Timing

Exhibit A shows the timing for the project. The duration is one year from September 1981 to September 1, 1982. Reports I through IV will be due in January, April, July and September of 1982, respectively.

V Manpower

Three persons from R. K. House & Associates will work on the project:

Dr. R. K. House

Dr. Gail Cook Johnson

Ms. Petra Schwabe

VI Cost

Professional Fees	\$ 28,000
Data Processing	7,000
Total	\$ 35,000

We do not contemplate that travelling will be necessary.

If it becomes obvious that there must be some travelling, we can then discuss a travel budget. In addition, no provision has been made for the printing of reports in quantity.

VII Conclusions

The information obtained from this proposed research program will provide an essential base for any important issues relating to dental manpower in Canada. The study will develop an overview of manpower flows across Canada and, in particular, will show the interrelationship among the provinces - especially with respect to migration patterns. With a consistent view of the status quo into the future, the next step, that of examining policy alternatives, is greatly facilitated.

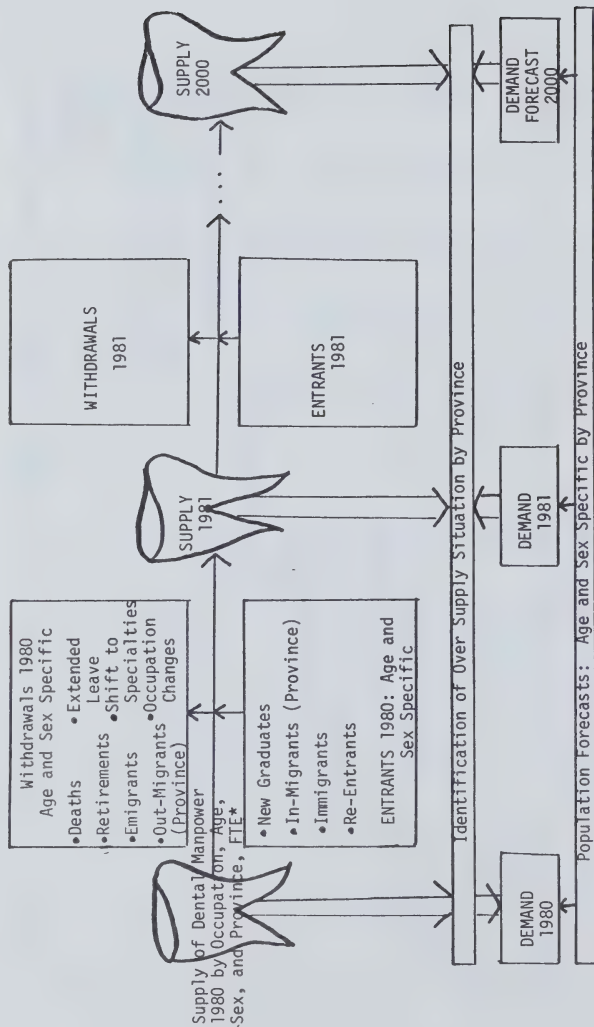
TIME CHART: MANPOWER STUDY FOR CANADIAN DENTAL ASSOCIATION

ACTIVITY

231

Exhibit B

Schema of Computerized Supply Model and Relationship to Demand Forecast: Canadian Dental Association



FTE = Full Time Equivalents

TAXATION

Members: Dr. Robert Hicks, Chairman
Dr. G. Utas, President
Dr. D.E. Williams, President-Elect
Dr. C. Covit, Past-President
Mr. H.E. Drouin, Executive Director

Since the interim Board meeting in March, efforts of the Taxation Committee have been directed toward two main subjects:

1. Maintaining Duty-Free Status of Imported Dental Materials

Most of the Committee's time has recently been spent on attempting to convince Federal Government officials that duty should not be applied to imported dental materials.

Following the release of a membership information letter from the President of CDA and following the Committee's presentation to the CDA Governors at the Interim Board Meeting, many dentists wrote letters to their Members of Parliament or to the Minister of Finance expressing their concerns on this issue. As a result of these letters, the Opposition Party (via Mr. Marcel Lambert - Edmonton West) prepared and presented an amendment to Bill C-50 which would return dental materials to their duty-free status. Unfortunately, the government defeated this motion, passed Bill C-50 and the duty-free status of imported dental materials ended.

The Bill was then referred to the Standing Senate Committee on Banking, Trade and Commerce prior to consideration and approval by the Senate. The Taxation Committee continued in its efforts to have the dental profession's position heard by preparing, in conjunction with our legal advisors at McMillan Binch, a Canadian Dental Association Brief to the Standing Senate Committee expressing our concerns regarding application of duty on imported dental materials.

On June 9, 1981, this Brief was presented to the Senate Committee together with an oral submission by the Chairman of CDA's Taxation Committee. A copy of the Brief has been provided to each CDA Governor and a copy of the oral submission is attached to this report (Appendix 1). Following the formal presentation, a question period followed for approximately 1½ hours during which the CDA's Taxation Committee Chairman was required to provide supportive information to emphasize our position on the issues. It was felt by those in attendance that the Senate Committee was quite supportive of CDA's position that imported dental materials should receive duty-free status. However, the formal report from the Senate Committee will not be heard until they report to the Senate on Bill C-50 in the near future.

Appendix 1

TAXATION

Maintaining Duty-Free Status of Imported Dental Materials - Cont'd

In order to keep the profession informed on this issue, many communication activities have occurred. As mentioned earlier, an information letter was mailed to all CDA members explaining the issues prior to final consideration of Bill C-50. The President of the CDA has delivered letters on this topic to the Minister of Finance, the Minister of Health & Welfare and the Minister of State-Finance. The Executive Director of CDA has exchanged correspondence and has had meetings with senior Department of Finance officials. A copy of CDA's Brief to the Senate Committee has been forwarded to CDA Governors, Corporate Members, the Minister of State-Finance, the Minister of Health & Welfare, etc. An editorial has also been written on this issue for publication in the Journal (Appendix 11).

Appendix 11

During the debate in the House of Commons on the amendment to Bill C-50, the Minister of State-Finance (Hon. Pierre Bussières) stated that "The whole situation is being subjected to an indepth and exhaustive review". The Minister has told the President of the CDA that our Association will be consulted well before a final decision results from this "review", but to date, he has not provided us with an opportunity to meet with him directly.

The Taxation Committee will continue in its efforts on this issue with officials within the Department of Finance and will report further when significant progress has occurred.

2. Improving Retirement Income Provision for Self-Employed Professionals

On April 3, 1981, the initial meeting of a combined professional association committee took place in Toronto at the offices of McMillan Binch. The Canadian Medical Association, the Canadian Institute of Chartered Accountants, and the Canadian Bar Association were invited by the Canadian Dental Association to send representatives to this meeting. The purpose of the meeting was to explore avenues and methods of improving retirement income provisions for self-employed professionals and to assess whether the formation of a group of interested professional associations to study the matter was feasible.

Representatives from the Canadian Institute of Chartered Accountants and the Canadian Dental Association were in attendance. The Canadian Bar Association did not send a representative and are at present considering whether they will participate in this project at future meetings. However, the meeting did have in attendance a taxation lawyer to provide expertise on this subject. The Canadian Medical Association expressed strong support for the project but due to conflicting meetings could not attend.

TAXATION

Improving Retirement Income Provision for Self-Employed Professionals -
Cont'd

The general conclusions from the meeting were that self-employed professionals were certainly at a disadvantage under present tax rules regulating retirement income provisions and that the formation of a group of professional associations should occur to explore, in more detail, the approaches that might be made to the government regarding pension arrangements. It was recognized that the subject is complex and it is unlikely that any short-run solutions will be found.

It was agreed that the group, if formed, would proceed in stages. Readily available data would be acquired, private sector pension arrangements would be compared to self-employed professionals' pension arrangements and tax rules in other countries would be studied. Contacts with tax policy groups in the Federal Government could also be made. From all of this information, a base can be obtained from which further decisions can be made as to what specific action might be taken on a reasonable basis.

The budget for the initial stages of this "joint committee" was not to exceed \$10,000. This budget is to be funded equally by each of the four associations.

The Taxation Committee recommends:

"That the CDA participate in a multi-professional committee to study methods of improving tax rules related to pension contributions by self-employed persons and that authorization be given to expend up to \$8,500 for the initial stage of this study as CDA's portion of the financial support; and

That CDA be the administrative agent during the committee's existence."

Board Resolution - Executive Council - Retirement Income Provision for
Self-Employed Professionals

TAXATION

The approach being recommended on this issue is similar to the structure utilized in the successful approach used in gaining tax deductibility for continuing education expenses. The CDA Taxation Committee is recommending that we support this major issue only if support from the other professional associations referred to is obtained.

Respectfully submitted

Dr. Robert Hicks
Chairman
Taxation Committee

ADOPTION OF REPORT

The Board accepts the report of the Taxation Committee with thanks.

APPENDIX E

Appendix 1

CANADIAN DENTAL ASSOCIATION PRESENTATION TO THE STANDING SENATE COMMITTEE
ON BANKING, TRADE AND COMMERCE

Mr. Chairman and Honourable Members of the Committee;

My name is Dr. Robert Hicks and I am a practising dentist. I am appearing before you on behalf of the Canadian Dental Association. I am making this presentation in my capacity as a member of the Executive Council of the Association, and as Chairman of its Taxation Committee.

The Association is the national organization for the dental profession in Canada, representing 8,500 of the 10,000 dentists in Canada.

We are here to strongly object to the proposed amendment to Tariff Item 47810-1 contained in Bill C-50 which will impose tariff duties on dental materials used in reconstructive surgery, which items have by law been duty free ever since Tariff Item 47810-1 was introduced in 1963.

We are here as advocates of government dental health policies which will be in the best interests of Canadians. However, the proposed imposition of duties on dental materials will directly result in increased costs to dental patients, and therefore will not be in their best interest.

Our members will receive no economic benefit from the success of our submission, nor will they be economically injured by our failure. The increased costs to dental patients result from the fact that costs of dental materials are passed on without mark up to such patients.

By way of background I note the following:

Tariff Item 47810-1 has provided over the years that

materials used in reconstructive surgery are not subject to duty. Notwithstanding this, the Government's practice was to collect duty on dental materials used in reconstructive surgery but not on materials used in reconstructive surgery when done by members of the medical profession.

In 1979 a Tariff Board decision held that the Government's practice was wrong, that is to say, such dental materials used in reconstructive surgery were not and are not subject to duty.

Now the Government wishes to reverse the law and impose duties only on dental materials.

Our Brief, which we have submitted today, sets forth the reasons for our objection to proposed amendment. I wish to highlight for the Committee certain of the key reasons for our objection.

- (1) The proposed amendment is contrary to the public policy of ensuring that health costs are as low as is consistent with a high quality of care. The amendment is contrary to the current general duty free treatment of dental equipment, supplies and materials under the Customs Tariff and of being exempt from sales tax under The Excise Tax Act.
- (2) The proposed amendment is unwarranted discrimination against the dental component of public health in that medical (not dental) materials for reconstructive surgery are duty free.
- (3) This proposed amendment will protect primarily one multi-product manufacturer who manufactures one type of dental material known as amalgam. We

submit that the price to the public for each job in the protected manufacturing sector is excessive.

- (4) The proposed amendment penalizes access by Canadian dentists to new formulas and advanced technology developed outside of Canada with resultant effects on the cost of dental health care.
- (5) The proposed amendment is in violation of the spirit of Canada's most recent commitments under the General Agreement on Trade and Tariffs.
- (6) The decision to make the proposed change was made without prior consultation with dentists and without full consideration of the issues. More time is required to analyse the proposed changes and their impact.

The Department of Finance takes the position that the Government always intended that dental (not medical) materials for reconstructive surgery be subject to duty. We do not see any basis for such a position and we expand on this in our brief.

The Department of Finance has recently stated that it will complete a review on the dutiable status of dental products, after the proposed amendment is implemented. We see no compelling logic in hastily changing existing law at the expense of dental patients and afterwards reviewing the issues.

The cost of increased dental materials will fall primarily on the most basic reconstructive surgery, that of filling cavities. The impact will therefore be greatest in

the dental health maintenance of the average Canadian dental patient.

The Canadian Dental Association recommends that the proposed amendment which will impose duty on dental materials used in reconstructive surgery be deleted from Bill C-50 and that duty-free status be maintained in accordance with the laws of Canada, which have been in force since 1963.

I would be pleased to answer any questions the Committee may have.

JOB NO. 81-1830E-9
CDA, Editorial, Fr. & English
G.F.

In November, 1980, the CDA taxation committee became aware that the government intended to reintroduce duty application on all imported dental materials used in dental "reconstructive surgery" (i.e. dental restorations). Following an information letter from the president of CDA, many dentists in Canada wrote letters to their Member of Parliament or to the minister of finance expressing their concerns over the added cost to dental care in Canada as a result of these duties.

As a result of these letters, the Opposition party prepared an amendment to Bill C-50 which would return dental materials to their duty-free status. Unfortunately, the government defeated this motion, passed Bill C-50, and the duty-free status of dental materials ended.

The Bill has been referred to the Standing Senate Committee on Banking, Trade and Commerce prior to consideration and approval by the Senate. The CDA taxation committee continued in its efforts to have the dental profession's position heard by presenting a brief to the Senate Committee June 9, 1981. (A summary of this brief is printed in this edition on page 000).

Through discussion and correspondence with senior officials of the department of finance — tariffs division — the rationale behind the department's support of the application of duties on imported dental materials was determined. It is to encourage and support manufacture of dental materials in Canada. The department said the only company requesting such tariff protection is Johnson and Johnson which manufactures one brand of dental amalgam (protected by U.S. and Canadian patents) in Canada. CDA has asked the question "is the application of duty on ALL imported dental materials justifiable when less than 10 jobs are created in Canada?", as in the case of Johnson and Johnson. Since a large amount of dental materials are imported, a considerable amount of revenue is collected by the department of finance and only a few jobs are created within the Canadian economy.

A brief look at the history of imposition of duty on imported dental materials is helpful in the appreciation of the issue.

In 1963, the tariff item 47810-1 was created and the department of finance started collecting duty on imported dental materials. In 1979, the tariff board considered an appeal on this tariff item and ruled that dental materials were and now are included in the tariff-free status of 47810-1. In effect, this decision said that the department of finance had collected, in error, duty on imported dental materials under item 47810-1 since 1963. The tariff board decision established the interpretation of the law since 1963, but the department of finance saw fit to advise the minister of state — finance to support legislation that would change the law to fit the department's interpretation.

The issue is complex but the principle is simple — there is no justification for the reasoning that duty on imported materials will encourage or create significant jobs in the dental material manufacturing industry in Canada.

Another issue that has been singled out in this debate is the fact that dental use of materials in reconstructive surgery has been discriminated against when related to the medical use of materials in reconstructive surgery. In my opinion, this issue has been supported in favor of dentists by the Senate Committee, while it has not been accepted by the department of finance or the minister of state — finance.

The application of duty on imported dental materials will increase the cost of dental care to Canadians. This cost increase is significant when one considers the increased costs per restoration for each tooth in a dental patient. However, when all of these "insignificant" costs are added up, a significant increase in dental health care costs is realized. The application of duty on imported dental materials is not consistent with government policy, and Canadian Dental Association support, of containment of rising health care costs. The present government action is inconsistent with long-standing policy making dental equipment, instruments, etc. free from taxation via customs tariff and the Excise Tax Act.

The issue of imposition of duty on imported dental materials by the federal government has been addressed and opposed by the Canadian Dental Association. More importantly, the individual members of CDA have taken time to write to their elected officials to express their views on this issue.

This individual response by the dentists of Canada resulted in an amendment motion to Bill C-50 on the floor of the House of Commons. The taxation committee of your association is appreciative of your response. Without individual help, no association or committee can be truly effective in dealing with national issues of this magnitude.

Robert Hicks, DDS, MS.
Chairman, Taxation Committee

The ASSOCIATION of GOVERNMENT DENTISTS of Saskatchewan

JUN 23 1981

122 - 3rd Avenue North
Saskatoon, Saskatchewan
S7K 2H6
June 12, 1981

ADDRESSED TO MR. DROUIN

Dr. John MacKay
417 - 750 Spadina Crescent East
SASKATOON, Saskatchewan
S7K 3H2

Dear John:

As our Representative Governor, I would like you to bring the following to the attention of the Board of Governors of the Canadian Dental Association for consideration and action at the forthcoming meeting of Governors.

You are no doubt aware of the negative attitudes expressed by some Executive Members of the Canadian Dental Association regarding school dental programs and dental auxiliaries. I am enclosing a short dissertation, composed by one of our members, to serve as an example of what we mean. In addition, you will find the latest Annual Report of the Saskatchewan Dental Plan, which some of your confreres might find helpful in gaining an understanding of Saskatchewan's Program. We have already met with Dr. Utas and relayed to him our concerns in this matter.

As the majority of Canadian Dentists are private practitioners, many of the functions of the Canadian Dental Association reflect the interests of this group. The on-going lobby with the Federal Government in the areas of advertising, fee schedules and incorporation has no benefit to the salaried Dentist. Representation to the National Commission on Inflation, the Anti-Combines Committee and the Senate Committee on Banking, Trade and Commerce has no direct bearing on his situation.

The ASSOCIATION of GOVERNMENT DENTISTS of Saskatchewan

Dr. John MacKay

June 12, 1981

Furthermore, negotiations with National Health and Welfare to restrict the use of the Dental Therapist could be considered regressive and could lead to a lower standard of care for Native People. As supporters of the Dental Therapist concept, we disagree with the Canadian Dental Association's position in these talks.

The salaried Dentist in Saskatchewan finds himself in a doubly ironic situation. By law, he must be a member of an association which firstly has taken an untenable stand on dental auxiliaries and school-based clinics and secondly, makes representation to the Federal Government in other areas of no concern to him.

- We will suggest two means by which this situation can be remedied.
- (1) The Canadian Dental Association should establish a new membership category for the salaried Dentist. The Ontario Dental Association recognizing the special status of this group, has done this already. Fees for entrance in this category could be adjusted to reflect the reduced function of the Canadian Dental Association for the salaried Dentist.
 - (2) The Canadian Dental Association must become sensitive to the views of the minorities within. In an effort to gain a voice, government, public health and salaried Dentists should be given a seat on the Board of Governors so that their views can be made known in policy areas such as school dental programs and dental auxiliaries.

We are hopeful that serious thought and suitable action is undertaken to implement the above. The only alternative our Association foresees is to make representation to the College of Dental Surgeons of the Province of Saskatchewan and the Minister of Health of the Province of Saskatchewan to eliminate the necessity of membership in the Canadian Dental Association for licensure of Dentists in this Province. It is essential that we have a written response before September 30, 1981 for presentation to our Membership at our fall meeting.

Sincerely,



Dr. H. Leonard Goldberg
President

THE ASSOCIATION OF GOVERNMENT DENTISTS OF
SASKATCHEWAN

HLG/djs

c.c. Mr. H. Druin
Dr. G. Utas
Dr. J. Stamm
Dr. G. Peacock

DISSERTATION1. BACKGROUND

Surveys conducted in 1968 showed that the dental health of children in Saskatchewan was poor. This was attributed to an unfavourable Dentist to population ratio particularly in rural areas and the long distance that many parents had to travel in order to be seen by a Dentist. It was apparent that the dental health of children could be improved by increasing the number of trained personnel providing service and ensuring their equitable distribution throughout the province. The Government of the day felt a centrally administered Dental Plan using the New Zealand-style Dental Nurse could possibly satisfy these aims. As a trial of this concept, the Oxbow Project was initiated in Southern Saskatchewan. Lasting three years, the project demonstrated that the Dental Nurse was capable of providing excellent care and that public acceptance of this delivery concept was high. On this basis, the Government of Saskatchewan decided to initiate a province-wide Dental Plan using the Dental Nurse as the prime provider of treatment.

The program which commenced in September 1974, is incremental by design and is now available to children born between 1966 and 1977. Of these eligible children, over 80% have been enrolled by their parents. Treatment is provided in school based clinics most of which are permanent facilities equipped with an autoclave, a fully motorized dental chair, a mobile self-contained dental unit powered by compressed air and a mobile instrument cabinet. All materials used by the Dental Plan are approved by the A.D.A. Council on Materials and Devices.

In the 1979-80 school year treatment was provided for over 120,000 children. Services included the full range of paedodontic procedures as well as minor orthodontics, anterior crowns, endodontics and oral surgery.

A study has been conducted to evaluate the quality of care provided by the Dental Nurse. Three Dentists from outside the province - one a specialist in children's dentistry and two specialists in restorative dentistry

concluded that the Dental Nurse was providing basic restorative treatment at a level of quality equal to or surpassing that of the Dentists of the province.

2. THE GOVERNMENT DENTISTS OF SASKATCHEWAN AND THE SASKATCHEWAN DENTAL PLAN

As Government Dentists involved directly with the Saskatchewan Dental Plan and with the education of Dental Nurses, we are proud of the service we are providing. We feel the Plan is justified for the following reasons:

- (1) A high quality of care,
- (2) High utilization rates and completion rates are achieved because of accessibility through school-based clinics,
- (3) On-going direct and indirect evaluation of the Dental Nurse teams,
- (4) Reasonable cost considering the sparse population pattern in rural Saskatchewan and the extent of coverage,
- (5) High acceptance by the parents of enrolled children,
- (6) A significant improvement in the oral health of the children of Saskatchewan.

We feel that a publicly administered program using the Dental Nurse is not the only way to achieve these ends, but with the demographic pattern in this province it is difficult to see how similar results could have been achieved by more conventional treatment systems.

3. DENTAL HEALTH OF CANADIANS - A

PERSPECTIVE

With the proceeding statement in mind, we find objectionable the stand taken by the C.D.A. in its perspective "Dental Health of Canadians" presented to the Health Services Review, 1979. The perspective while supporting

the concept of school-based preventive programs condemns Plans that include active treatment in school clinics. It states that "three provinces have attempted to offer dental treatment programs". We would suggest that the Saskatchewan Dental Plan with its high utilization rate and comprehensive coverage is far from an "attempt" at dental treatment. The perspective calls the children enrolled in the Saskatchewan Dental Plan a "captive population". All parents are given the option to enrol and can withdraw their child at any time. Utilization rates are high not because children are "captive" but because parents are supportive of the school-based treatment concept.

The argument that the auxilliary working in the school dental service causes "fragmentation of commitment, effort and resources" loses legitimacy when one compares this group to the medical counterpart. The Public Health Nurse tests children, provides emergency treatment and administers parenteral vaccines without any apparent erosion of the health status of the individual. Furthermore, the positive attitude of children toward dental treatment performed in the familiar and relaxed surroundings of their school will create an adult population with a positive feeling toward treatment.

The perspective blames the "clinic habit" for the poor utilization of dentist's services subsequent to leaving a school-based dental service. As the Saskatchewan Dental Plan moves into the teenage group, private practitioners in their offices will be providing care for about half of the enrolled children. This should act as a bridge from the school clinic to the dental office and encourage the individual to assume responsibility for their own care. To comment on the Blaikie and Deoland study showing a smaller utilization of dentist's services by youths treated by the Australian S.D.S. as compared to those not treated, it would be interesting to compare the socio-economic level of the two groups to ascertain other possible barriers to care subsequent to leaving the S.D.S.

The perspective examines the decreasing dental caries experience of children and questions the need for a new class of Therapist saying the Dental Nurse "will soon be superfluous". With ever decreasing caries rates and the less demands of maintenance care, the Saskatchewan Dental Plan has been making a conscious effort to increase the patient to Dental Nurse ratio. It is our view that this auxilliary will not become superfluous but will be able to take responsibility for the treatment needs of more children as treatment levels dictate.

REPORT OF THE MEMBERSHIP COMMITTEE

1981 Membership Campaign

- | | |
|----------------------------------|--|
| 1) November 5, 1980 | - mailing of membership flyer and invoice |
| 2) November 12, 1980 | - mailing of institutional advertising report and update on duties on imported dental materials (country-wide) |
| 3) December 2, 1980 | - mailing of letter from membership chairman relating to activities of Taxation Committee with second invoice |
| 4) January CDA Journal | - membership theme - flyer insert, editorial and interview |
| 5) January QDSA dent pour dent | - CDA membership article in English |
| 6) January 30, 1981 | - mailing of Executive Director's letter relating to CDA lobby, alternate delivery systems and dental manpower with third invoice. |
| 7) February, QDSA dent pour dent | - CDA membership article in French |
| 8) March ODA Ontario Dentist | - CDA membership article |
| 9) March 12, 1981 | - mailing of short note relating to provincial representation with final invoice |
| 10) April 27, 1981 | - Toronto Telephone Blitz (a successful initiative which should be used in the future in cooperation with our corporate members) |
| 11) May 11, 1981 | - mailing of letter from Dr. Hicks to colleagues in B.C. with the Test Your Membership I.Q. Flyer |
| 12) June CDA Journal | - Test Your Membership I.Q. Flyer insert (CDA Membership Services and Functions) |

APPENDIX G

Membership Figures for Ontario and Quebec

		1980 1)				1981 2)	
	<u>Fee</u>	<u>Ontario</u>	<u>Quebec</u>	<u>Fee</u>	<u>Ontario</u>	<u>Quebec</u>	
Active & Affiliate	\$ 125	2,635	1,344	\$ 200	2,527	1,187	
Active		2,591	1,324		2,474	1,105	
Affiliate		44	20		53	82	
Associate	50	38	23	50	59	38	
Life-Licensed		146	67		138	67	
-Non-Licensed 3)		126	20		126	23	
Total - CDA Members		2,945	1,454		2,850	1,315	
Total - Licensed Dentists		2,775	1,414		2,671	1,210	

With the above information, as of May 29, 1981 Ontario may seat five governors and Quebec two governors at the forthcoming meeting of the Board of Governors.

Total CDA Membership (Active, Affiliate, Associate, Life)

	1980	1981
Newfoundland	118	125-projection
P.E.I.	41	45-"
Nova Scotia	311	308
New Brunswick	192	192
Quebec	1,454	1,315
Ontario	2,945	2,850
Manitoba	426	399
Saskatchewan	293	297
Alberta & N.W.T.	987	985
B.C. & Yukon	1,614	1,501

- 1) 1980 Figures - Journal Audit Report - 06/05/80.
- 2) 1981 Figures - Journal Audit Report - 06/01/81.
- 3) RCDS Directory used July, 1980; 1981 unavailable.
1980 Quebec Life Member split estimated, 1981 ODQ List used.

- 3 -

Future Membership Campaigns

In Ontario, a joint membership campaign would be most appropriate to consider at this time especially since the Ontario Dental Association has demonstrated a willingness to cooperate in such a venture. With active participation from Ontario representatives to the CDA Board of Governors, the members of the ODA Executive Council and their staff, greater success should be achieved in the future.

In Quebec, a joint membership campaign is not possible due to provincial legislation. However, providing that there is a change in the formula for payment of corporate dues, the President of the QDSA has indicated that he would be willing to cooperate in an active manner.

Membership material must be circulated to all members in other provinces as well and the vehicle which would be most appropriate to consider at this time should be our members of the Board of Governors in a similar fashion as the letter of May 11, 1981 from Dr. Hicks to his colleagues in British Columbia.

Closing Remarks

I have been very fortunate to have had the opportunity to work with individuals who are truly dedicated to the Canadian Dental Association and the profession. I would like to take this opportunity to thank our staff, Mr. Hubert Drouin, Mrs. Jean Scrimger and Miss Ann Hammell for their support.

Respectfully submitted

Dr. Clyde Covit
Membership Chairman

ADOPTION OF REPORT

The Board accepts the report of the Nominations Committee with thanks.

March 16, 1981

M E M O R A N D U M

TO: All CDA Corporate Members
FROM: H.E. Drouin, Executive Director
SUBJECT: Nominations for Honorary Membership in the
Canadian Dental Association

I have been directed by the Executive Council to request from each corporate body the name of one individual whom they wish to nominate for Honorary Membership in The Canadian Dental Association.

The position of Honorary Membership in the CDA is defined as follows:

"This is the Association's highest award.
It may be conferred on persons deemed to
have rendered exceptional constructive
services nationally and/or internationally
in any field of dentistry."

Each corporate member is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being nominated.

It is drawn to your attention that any previously submitted names may be resubmitted with the appropriate accompanying data.

Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year.

As you are aware, all honorary memberships are designated by the Executive Council and presented at the CDA annual meeting. Thus, it would be appreciated if you would submit your recommendation for honorary membership care of my attention no later than April 30, 1981.

Thank you.

HED/pc

CURRICULUM VITAE - DR. GEORGE M. DEWIS

Date of Birth: November 10, 1903
Place of Birth: Boston, Massachusetts

EDUCATION

Colchester Academy
Truro, Nova Scotia (High School)

Dalhousie University
DDS 1928

EXPERIENCE

Appointed Lecturer in the Faculty of Dentistry in 1940.
Appointed Assistant Professor in 1946.
Appointed Associate Professor in 1950.
Appointed Professor in 1952.
(Faculty member for 37 years)

ORGANIZATIONS

Halifax County Dental Society
Nova Scotia Dental Association

OFFICE HELD

Member of Board of Governors of Canadian Dental Association from
1950 to 1960.
President of Canadian Dental Association 1958-59.
Treasurer of Canadian Dental Association from 1960-1970.
Secretary Registrar, Provincial Dental Board of Nova Scotia 1941 to 1968.
Member, Provincial Dental Board of Nova Scotia 1935 - 1941.

CURRICULUM VITAE - DR. PHILIP S. CHRISTIE

EDUCATION:

Dalhousie University - D.D.S., 1939.

EXPERIENCE:

Canadian Dental Corp. (Canada & U.K.) 1939 - 1943.

Private Practice 1944 -

Professor of Orthodontics - Faculty of Dentistry, Dalhousie University

OFFICE HELD:

President, Halifax County Dental Society 1947-1948.

President, Nova Scotia Dental Association 1953-1954.

President, Canadian Dental Association 1965-1966.

Chairman, Board of Governors, C.D.A. 1969-1973.

ORGANIZATIONS:

Halifax County Dental Society

Nova Scotia Dental Association

Society of Dental Specialists of Nova Scotia

Charter Fellow - R.C.D. (C)

Fellow - International College of Dentists

Member - Pierre Rauchard Academy

THE CANADIAN DENTAL ASSOCIATION

The Following Dentists qualify and have applied for Life Membership:

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRAD</u>	<u>DATE OF BIRTH</u>
Hugh F. Smith	Ontario	1935	1906
Sydney R. Gelmon	Sask.	1938	1916
Kenneth V. Allan	Ontario	1941	1917
Harold Shatsky	B.C.	1938	1914
Hugh L. Caldwell	Alberta	1937	1911
Paul H. Hervieux	Alberta	1939	1914
Joseph Moscovich	Alberta	1938	1912
Ben N. Shlain	Alberta	1923	1902
Edwin A. Slack	Alberta	1937	1914
William R.B. Wilson	Alberta	1937	1911

The following Dentists have applied for Life Membership but are NOT Members of C.D.A. Their application is a result of the recent phone campaign:

G.M. Hawtin	Ontario	1930	
M.P. Hawton	Ontario	1942	1915
W.K. Prendergast	Ontario	1923	1897

The following Dentists have applied for Associate Membership status and have remitted the appropriate fee:

James R. Thom Landed immigrant working in N.W.T.

CANADIAN DENTAL ASSOCIATION
UP-DATE TO MEMBERSHIP APPLICATION

Applications for Life Membership were received recently from the following dentists:

	<u>PROVINCE</u>	<u>YEAR OF GRAD</u>	<u>DATE OF BIRTH</u>
JAMES ELLIOTT HOOD	Alberta	1933	1902
WILLIAM JOHN LINGHORNE	Ontario		1899
CHARLES MAXWELL ROBINSON	B.C.	1940	1913

CURRICULUM VITAE

DISTINGUISHED SERVICE AWARDS

A) MRS. EDITH SCHMIDT

B) DR. ROBERT A. GRAY

CURRICULUM VITAE

Name: Edith Schmidt, nee Orseth
Born: December 3, 1920 in Kristiansund, Norway
Married: April 3, 1948
No children
Height - 174 cm.
Weight - 67 kg.
Home Address: 8 Brittany Court, Weston, Ontario. M9P 1S1
Telephone: 244-0978
Hobbies: Literature, music, travelling, gardening

Education:

Public and High School: Kristiansund
Senior matriculation on the science side (honours)
College: Levanger
Teacher's Diploma in 1942
Extension courses in Norway in mathematics and economics
University of Toronto in Accounting

Professional and Business Experience

Norway: Teaching - secondary and high school
1942 - 1948
Germany: Assistant librarian for foreign literature
1949 - 1952
Canada: Accounting and Administration
until 1962

From 1962 until present time employed by dental associations in a number of capacities. Since 1975 General Manager, Canadian Dental Service Plans Inc.

Serving a two year term as Director on the Board of the Association of Canadian Pension Management.

CURRICULUM VITAEName ROBERT ARCHIE GRAYAddress 569 - 2nd Street S.E.Medicine Hat, Alberta Postal Code Office Telephone No. Area Code Date and Place of Birth: Rocanville, Saskatchewan 3 June, 1919Dental School or Faculty: University of Alberta, Graduated 1950

Offices Held in Organized Dentistry:

1966 - 1967	President, Alberta Dental Association
1969 - 1977	Governor, CDA Board
1975 - 1977	CDA Executive Council
1961 - 1968	ADA Board

Dates and Locations of

Practices: RCD(C) - 1950 - 1957
Medicine Hat, Alberta 1957 -

Lodges, Clubs: Rotary Club
GideonsPublic Offices: Trustee, Medicine Hat S.D. #76 - 1965 - presentMilitary Service 1940 - 1945 - Sgt. CDC
1949 - 1957 - Major, RCDCChurch: First Assembly of God - Medicine HatSports, Hobbies and other Interests: Photography, Metal Detecting,
C.B. Radio, ReadingMarried - Wife- ElsieChildren - Alva, Merle, Dianne, Joan, Hazel and RuthHonors and Awards: Canadian Forces Decoration (C.D.) - 12 years serviceFellow, International College of DentistsMember, Pierre Fauchard Academy

NEWS RELEASE

The Canadian Medical Association

L'Association médicale canadienne

The Canadian Medical Association (CMA) has strongly endorsed efforts of the Canadian Dental Association (CDA) to promote renewed water fluoridation in Canada.

The CMA recognizes tooth decay as a major health concern.

The CMA states that extensive scientific research has established fluoridation to be an effective, safe and inexpensive method of preventing tooth decay - a recognized health problem of major concern.

The CMA considers the adjustment of community water supplies to the optimal level of fluorine for maximum prevention of tooth decay.

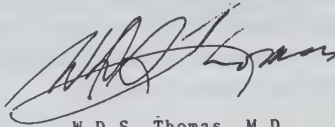
Together with the CDA, the Canadian Medical Association calls for increased awareness concerning water fluoridation. Health care professionals must recognize their responsibility for educating the public and their commitment to the new initiative.

The Canadian Dental Association recently reaffirmed its stand in favour of fluoridation after commissioning a comprehensive two-part report on the issue.

Titled "Water Fluoridation in Canada: A Status Report 1980" and "Analyzing Selected Criticisms of Water Fluoridation", the reports discuss current provincial policies, environmental and toxic effects, carcinogenesis, congenital malformations,

allergies, and the issue of freedom of choice.

It was prepared for the CDA by Dr. Christopher Clark,
of the department of community dentistry at McGill,
and Dr. W. Paul Lang, of the dental division of the
Detroit health department.

A handwritten signature in dark ink, appearing to read 'W.D.S. Thomas', is written over a faint, circular embossed seal. The signature is fluid and cursive.

W.D.S. Thomas, M.D.
President
Canadian Medical Association



DALHOUSIE UNIVERSITY
HALIFAX, N.S.

FACULTY OF DENTISTRY

May 19, 1981

I should like to place on record my thanks to the various provincial dental associations for their support of the proposed pilot study of mercury pollution in dental offices funded by the CDA. I should like also to thank the Nova Scotia, New Brunswick and Prince Edward Island Dental Associations for the financial commitment to the second phase of the study involving laboratory evaluation.

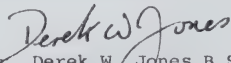
It is planned that the study will commence initially in July in Halifax and Dartmouth and arrangements will be made to visit the other locations in September and October of 1981. However, this time schedule is not rigid and does not preclude suggested alternative arrangements. The various associations will be contacted to allow them to make the necessary local arrangements. The various associations should appoint immediately a contact person for the various regions to be visited who will be responsible for compiling a list of dental offices which are to be surveyed. This contact person will in addition set up the times and dates of appointments for the survey of these offices. The contact person will also arrange to meet with Mr. Ted Milne (Technologist, Division of Dental Biomaterials Science, Faculty of Dentistry) at the time of the survey to provide him with a guide and transportation to the various office locations. Please ensure that you forward the name of your contact person as soon as possible so that they can be informed of the requirements and arrangements that need to be made.

APPENDIX I

It is envisaged that the laboratory phase of the study will not be operational until winter or even as late as next summer since it must of necessity occur after the first phase of the program. This means that the funding to be provided for this part of the project will not necessarily be required immediately. However, certain supplies will need to be purchased prior to the commencement of the laboratory phase and I will therefore contact the associations at the time when the funds become necessary.

Should you require any further information, please do not hesitate to contact me.

Yours sincerely,


Dr. Derek W. Jones, B.Sc., Ph.D., F.I.Ceram.
Professor and Head
Division of Dental Biomaterials Science

/jhh

c.c. Mr. H. Drouin
Dr. Ralph Barolet
Dean I.C. Bennett
Mr. Don Pamentier
Mr. Ted Milne
Dr. E.J. Sutow



DALHOUSIE UNIVERSITY
HALIFAX, N.S.

FACULTY OF DENTISTRY

May 19, 1981

Dr. David O'Connell
13 Green Leaf Drive
Sherwood
Prince Edward Island
C1A 7R7

Dear Dr. O'Connell:

Re: Survey on Mercury Pollution in Dental Offices

Thank you for your comments and observations which were forwarded to me by David Precious. I will try to answer as many of your questions as I can. The method of analysis for mercury in hair and nails will be for elemental mercury only by atomic absorption. No analysis of organic mercury will be undertaken.

The most sensitive full scale reading for the instrument to be used to measure the air born mercury in dental offices is 1.0 mg/m^3 . This range gives a sensitivity greater than 0.01 mg/m^3 .

The TLV level is set at 0.05, which is five times greater than this sensitivity level. The health hazard level is set at 40% above this value i.e. 0.07 mg/m^3 . The equipment which we are using is more sensitive than some equipment used for industrial monitoring, since they are only concerned with levels in excess of 0.05 mg/m^3 .

I enjoyed reading your comments. It was nice to find that someone had taken the trouble to read and understand the communication. Kindest regards and best wishes,

Yours sincerely,

Dr. Derek W. Jones, B.Sc., Ph.D., F.I.Ceram.
Professor and Head
Division of Dental Biomaterials Science

/jh

EDITORIAL BOARD

REPORT OF THE CDA EDITORIAL BOARD
TO THE 1981 BOARD OF GOVERNORS

Members: Dr. A.E. MacLeod, Chairman, Halifax
Dr. Clyde Covit, Member, Montreal
Mr. H.E. Drouin, Executive Director (HQ)
Dr. R.D. Sexton, Executive Liaison, Cornerbrook
Miss A. Hammell, Director of Communications, (HQ)
Ms L. Owen, Editor, (HQ)
Dr. R.S. Turnbull, Scientific Editor, Toronto
Dr. P.C. Desautels, Scientific Editor, Montreal
Ms A. Spencer, Advertising Manager, Toronto

Board Meeting

1. The Board met April 10, 1981. The next meeting will be at the call of the chair.

Items of Information Not Requiring Board Action

2. Journal Content

- a) Scientific Articles

The number of English scientific articles submitted over the past year has dropped by about 20 per cent which might be attributed to the lengthy publishing time. However, the lead time is now reduced to 10 to 11 months which is considered acceptable. About 20 per cent of the English scientific articles are rejected.

Eight French scientific articles had been received in the three months previous to the Board meeting during the tenure of the new French Scientific Editor. Three were accepted, two were rejected and the others required modifications. The Board agreed that an article be written for the Journal outlining foreign, French speaking areas of Journal distribution.

A discussion centered around the Journal policy of permitting foreign scientific authors to publish in the Journal. It was agreed that as the Journal is an international publication read world-wide it would be parochial to limit publication only to Canadian authors.

EDITORIAL BOARD

The Board agreed the Journal would investigate a series of scientific articles on Pharmacology.

b) Clinical Reports

The scientific editors expressed interest in receiving articles on simple techniques or procedures by individual dentists to place in the scientific section of the Journal and they will pursue this objective.

c) Editorials

The Board decided to expand the role of editorials beyond the theme of the Journal and CDA Policy, as it was agreed that too many editorials to this time were too "in house" and not as topical as the times demand. In the same context it was also agreed that more opinion pieces would be published.

d) Book Reviews

The book reviews have proved very successful as thirty-three books have been reviewed since the inception of that section in the Journal to the time of the Editorial Board meeting.

e) Alternate Delivery Systems

The Board agreed to carry a series of information articles on Alternate Delivery Systems. Subject suggestions included: store front dentistry; capitation; prepaid dental programs and advertising. It was agreed that non-editorial pro and con articles would be written on each subject.

Advertising

The advertising content of the Journal has seen a steady increase since the return to full circulation.

After lengthy discussion the Board agreed unanimously to accept comparative advertising as long as it meets CDA Journal advertising standards.

On the advice of the Advertising Manager, the Board agreed to investigate the feasibility of distributing free Journals to more laboratories across Canada as a promotional mechanism to sell advertising. A cost-benefit plan will be determined before any action is taken.

Once the new innovations are in place in the Journal a readership study is planned.

EDITORIAL BOARD

4. Specialty and Provincial Representatives

The specialty representatives have provided a valuable service by covering the book reviews.

Provincial representatives will be contacted seeking more input on clinical reports, tips for dentists and obituary information.

5. Mailing Schedule

The question of the late arrival of the Journal in specific sections of the country was discussed in some detail. Staff reaffirmed its determination, barring delay for major events, to publish the Journal in the first ten days of the month.

6. Direct Mailings

Commercial firms seeking the CDA list of members must be regular contract advertisers with the Journal. Subject to meeting this requirement parties are requested to apply in writing stating the reason they require the listing. Should a commercial firm meet the above requirements and require labels for mailing, it must be noted that all direct mailing is done within CDA and must meet the requirements under CDA's direct mail procedure.

7. Resignation of Liz McKee

The first editor of the Ottawa-published Journal, Liz McKee who resigned in March, was recognized for her outstanding contribution to the Journal.

Respectfully submitted

Dr. A.E. MacLeod
Chairman
Editorial Board

ADOPTION OF REPORT

The Board accepts to report of the Editorial Board with thanks.

PRESENTATION BY THE CANADIAN DENTAL ASSOCIATION
TO FEDERAL/PROVINCIAL ADVISORY COMMITTEE
ON HEALTH MANPOWER, OTTAWA, JUNE 17 - 18, 1981

DENTISTRY IN CANADA IS FACING SIGNIFICANT NEW CHALLENGES. WE ARE MOVING FROM A SITUATION OF A CHRONIC SHORTAGE OF DENTAL MANPOWER TO ONE OF GROWING SURPLUS. THIS SITUATION IS HAVING A PROFOUND EFFECT NOT ONLY ON THE RELATIVE POSITION OF THE DENTISTS THEMSELVES, BUT ALSO ON THE DEMAND FOR AUXILIARIES AND THE STRUCTURE OF THE PRIVATE PRACTICE.

VARIOUS ECONOMIC SURVEYS HAVE, IN FACT, APTLY INDICATED THE TRENDS TO SOME OF THESE RADICAL CHANGES IN DENTISTRY. WHILE EVERY PROVINCE FACES A SOMEWHAT DIFFERENT SITUATION, IT GENERALLY HOLDS ACROSS ALL OF CANADA THAT THE NUMBER OF DENTISTS REPORTING THAT THEY ARE TOO BUSY HAS DECLINED WHILE THE NUMBER REPORTING THAT THEY ARE NOT BUSY ENOUGH HAS DRAMATICALLY INCREASED OVER THE LAST DECADE. THIS LACK OF "BUSINESS" MOST AFFECTS THE YOUNGER DENTIST. THEIR POSITION IS PERHAPS BEST DEMONSTRATED

BY THE GROWING WILLINGNESS OF THE NEW GRADUATES TO ACCEPT ASSOCIATE POSITIONS IN ESTABLISHED PRACTICES RATHER THAN RISK SETTING UP THEIR OWN PRACTICES IMMEDIATELY.

IT IS TRUE THAT PART OF THE PROBLEM IS CAUSED BY THE INCREASE IN THE NUMBER OF DENTISTS COUPLED WITH A SLOWER POPULATION GROWTH IN MOST AREAS. COMPARED WITH THE EARLY 1960'S, THERE ARE NOW CLOSE TO 1,000 FEWER POTENTIAL PATIENTS PER LICENSED CANADIAN DENTIST. BUT, DESPITE THIS DECLINE IN THE POPULATION/DENTIST RATIO, DEMOGRAPHICS AND NUMBERS ALONE DO NOT WHOLLY ACCOUNT FOR THE PROBLEM IN DENTISTRY. OTHER FACTORS, BOTH ON THE SUPPLY AND DEMAND SIDE, HAVE HAD IMPORTANT ROLES TO PLAY.

IN PARTICULAR, OVER THE PAST TWO DECADES NOT ONLY HAS THE NUMBER OF DENTISTS INCREASED BUT SO HAS THE PRODUCTIVITY OF THE DENTIST, THUS CONTRIBUTING TO THE OVER-SUPPLY OF DENTAL SERVICES. THE SOLO PRACTICE IS RAPIDLY BECOMING A THING OF THE PAST.

PARTNERSHIPS, GROUP PRACTICES AND COST-SHARING ARRANGEMENTS HAVE BECOME INCREASINGLY ATTRACTIVE FOR MANY REASONS. FIRST, THERE ARE CERTAIN

FINANCIAL BENEFITS WHEN TWO OR MORE DENTISTS SHARE THE COSTS OF OFFICES AND/OR EMPLOYEES. SECOND, DENTISTS, IN SOME FORM OF GROUP OR COST-SHARING ARRANGEMENTS ARE BETTER ABLE TO TAKE ADVANTAGE OF NEW AND MORE SOPHISTICATED EQUIPMENT. FINALLY, SOLO PRACTICES ARE OFTEN NOT ABLE TO MAKE THE OPTIMUM USE OF AUXILIARIES SUCH AS HYGIENISTS AND SECRETARY/RECEPTIONISTS; WHEREAS THE LARGER COMBINED PATIENT LOADS OF GROUP PRACTICES, PARTNERSHIPS OR COST-SHARING ARRANGEMENTS ENABLE DENTISTS TO EFFECTIVELY UTILIZE A FULL-TIME HYGIENIST AND/OR SECRETARY/RECEPTIONIST.

BECAUSE OF THESE ADVANTAGES OF THE GROUP PRACTICE, IT IS QUITE POSSIBLE THAT BY THE END OF THE 1980'S ONLY 25%-35% OF PRACTISING DENTISTS WILL BE SOLO PRACTITIONERS AND THAT THESE MOST PROBABLY WILL BE IN RURAL OR LOW POPULATION DENSITY AREAS.

THE INCREASED PRODUCTIVITY OFFERED BY NEW PRACTICE ORGANIZATION ARRANGEMENTS HAS ALSO CAUSED SOME REDUCTION IN AVERAGE WORKING HOURS FROM A DECADE AGO. BUT, PRECISELY BECAUSE THIS REDUCTION IN TIME SPENT HAS BEEN

ACCOMPANIED BY PRODUCTIVITY GROWTH, IT DOES NOT MEAN THE DENTIST IS HANDLING FEWER PATIENTS. RATHER, ON A PER UNIT OF TIME BASIS THE DENTIST IS ABLE TO SERVE MORE PATIENTS!

ON THE DEMAND SIDE, THE FACTORS ARE HARDER TO DOCUMENT AND TO SOME EXTENT THEY ARE IN CONFLICT WITH ONE ANOTHER. THE DENTAL NURSE PROGRAMS IN SOME PROVINCES MAKE THE AVAILABLE PATIENT POOL EVEN SMALLER THAN INDICATED BY THE POPULATION/DENTIST RATIO. THE INCREASED LEVELS OF FLUORIDATION, AND THE HIGHER LEVELS OF PREVENTIVE CARE ALSO INDICATE A DECLINE IN THE DEMAND FOR SOME SERVICES, PARTICULARLY THE LESS EXOTIC OF THE ORAL SURGERY PROCEDURES. THE DEMAND GENERATED BY THE "BACKLOG" PHENOMENON", CREATED BY THE INTRODUCTION OF DENTAL INSURANCE PLANS, WILL ALSO DIE DOWN UNLESS THERE IS CONTINUING GROWTH IN INSURANCE PLANS. IF DOUBLE-DIGIT INFLATION CONTINUES, AND THERE IS EVERY INDICATION IT WILL AT LEAST IN THE SHORT-TERM, OTHER DEMANDS ON THE PATIENTS' REAL DISPOSABLE INCOME WILL PROVIDE STRONG COMPETITION TO DENTAL SERVICES AMONG THE UNINSURED POPULATION.

ON THE POSITIVE SIDE, HOWEVER, THE DECREASE IN DEMAND FOR CHILDREN'S DENTAL CARE CAN BE OFFSET BY THE DEMANDS OF A GROWING ADULT POPULATION

WHO, THROUGH NEW DENTAL AWARENESS, WILL WISH TO RETAIN THEIR OWN TEETH AS LONG AS POSSIBLE. THIS WILL GENERATE A GROWING DEMAND FOR ENDODONTIC, PERIODONTIC AND CROWN AND BRIDGE SERVICES.

IN SHORT, OVER THE NEXT FEW DECADES THE GROWTH IN DEMAND WILL BE INFLUENCED BY MANY CONFLICTING FORCES AND IT IS DIFFICULT TO FORECAST THE NET EFFECT. BUT, IT IS REASONABLE TO SUPPOSE THAT IN THE NEXT FIVE TO TEN YEARS THERE WILL BE A CHANGE IN THE MIX OF SERVICES DEMANDED AND THAT THE SUPPLY OF SERVICES WILL STILL CONTINUE TO GROW AT A GREATER RATE THAN THE DEMAND FOR SERVICES.

THIS OVERSUPPLY SITUATION WILL AUTOMATICALLY PRODUCE SOME ADJUSTMENTS TO DENTAL PRACTICES BY THE DENTISTS THEMSELVES. THE CONTINUING DECLINE IN THE BUSYNESS OF THE DENTIST DOES SUGGEST THAT THERE WILL BE A REDUCTION IN THE NUMBER OF CHAIRS OR IN THE PHYSICAL SIZE OF THE PRACTICE. IT IS QUITE LIKELY THAT THE RATIO OF TWO CHAIRS PER DENTIST WILL BECOME THE DOMINANT RATIO BY THE END OF THE 1980'S AND THUS THE TREND OF THE 1960'S AND 1970'S TO MORE CHAIRS PER DENTIST WILL BE TURNED AROUND.

THE SUPPLY-DEMAND SITUATION ALSO CREATES A STRONG INCENTIVE TO USE

AUXILIARIES MORE SPARINGLY. WITH MORE IDLE TIME ON THEIR HANDS, DENTISTS WILL CONCLUDE THAT THEY CAN JUST AS WELL DO THE WORK THEMSELVES. IN THIS REGARD, THE MORE HIGHLY TRAINED AUXILIARY MAY BE THE FIRST TO GO. THE DECLINING IMPORTANCE OF THE AUXILIARY MAY BE REINFORCED BY THE MOVE TOWARDS MORE COMPLEX FORMS OF PRACTICE SUCH AS THE GROUP PRACTICE WHICH CAN MORE FULLY UTILIZE THE SKILLS OF AUXILIARIES.

WITHIN THIS RAPIDLY CHANGING ENVIRONMENT, THE CANADIAN DENTAL ASSOCIATION CAN PLAY A VITAL ROLE. WE CAN PROVIDE THE LINK AMONG THE PROVINCES TO GIVE THE PROFESSION A STRONG, NATIONAL VOICE. IN THE INFORMATION GATHERING AREA, WE CAN PROVIDE ESSENTIAL OVERVIEWS. DON LEWIS' RESEARCH IN ONTARIO, THE REPORT OF PEAT, MARWICK & PARTNERS IN THE WESTERN PROVINCES AND THE DALHOUSIE STUDY IN THE EASTERN PROVINCES ARE ALL STUDIES WHICH QUITE RESPONSIBLY AIM TO UNDERSTAND THE DENTAL MANPOWER SITUATION IN THEIR REGIONS. THE CDA CAN COMPLEMENT SUCH EFFORTS FOR OVERALL BENEFIT OF ALL BY PINPOINTING GENERAL TRENDS, HIGHLIGHTING UPCOMING TRENDS AS SEEN FIRST IN CERTAIN PROVINCES AND BY GIVING SUPPORTING AND ADDITIONAL MATERIAL. SOME INFORMATION CAN ONLY BE BEST OBTAINED FROM A NATIONAL PERSPECTIVE. WE

APPENDIX K

ARE, FOR EXAMPLE, IN 1981/82 CONDUCTING A STUDY WHICH WILL TRACE THE FLOWS OF DENTAL MANPOWER THROUGHOUT CANADA. IN OTHER WORDS, WE WILL BE ABLE TO ASSESS THE RELATIVE POSITIONS OF THE PROVINCES VIS-A-VIS THE MANPOWER PROBLEM AND DEMONSTRATE THEIR INTER-RELATIONSHIPS.

IN OTHER AREAS, THE CDA PERFORMS IMPORTANT FUNCTIONS WHICH HAVE DIRECT IMPACT ON THE MANPOWER SITUATION. THROUGH OUR EXTENSIVE NATIONAL EDUCATION PROGRAMS SUCH AS NATIONAL DENTAL HEALTH MONTH WE INCREASE THE CANADIAN POPULATION'S AWARENESS OF THE IMPORTANCE OF GOOD DENTAL HEALTH. THIS NOT ONLY INCREASES THE OVERALL HEALTH AND WELL-BEING OF THE GENERAL PUBLIC BUT ALSO ENCOURAGES DENTAL TREATMENT ON A REGULAR BASIS.

FINALLY, AND VERY IMPORTANTLY, AS A NATIONAL BODY WE ARE IN THE BEST POSITION TO ADDRESS KNOWLEDGEABLY AND SUCCINCTLY POLICY QUESTIONS AT THE FEDERAL LEVEL. SUCH EFFORTS WILL COMPLEMENT ACTIVITIES WITHIN THE PROVINCES. BY BRINGING THE MANY REGIONAL INTERESTS IN DENTISTRY TOGETHER WE CREATE A MORE COHESIVE DENTAL COMMUNITY AND PROVIDE A VEHICLE FOR NATIONAL DIALOGUE WHICH ULTIMATELY IMPROVES THE OVERALL RELATIONSHIP BETWEEN THE DENTAL PROFESSION, THE GOVERNMENT AND THE PUBLIC.

THE CDA HAS WELCOMED THIS OPPORTUNITY TO SPEAK TO YOU TODAY.
WE FEEL WE HAVE A CONTINUING ROLE TO FILL IN CONTEXT OF THE TERMS OF
REFERENCE DEFINED BY THIS COMMITTEE. CLEARLY, THERE ARE MANY PROBLEMS
TO OVERCOME IN THE MANPOWER AREA. THESE ARE CHALLENGES THE CDA
WILLINGLY ACCEPTS IN THE SPIRIT OF FEDERAL/PROVINCIAL CO-OPERATION
FOR WHICH THIS COMMITTEE STANDS.

Respectfully submitted,

Hubert E. Drouin
Executive Director

COMMENTS ON THE FDI BUDGET FOR 1982

Financially, 1980 was a disastrous year for the FDI. The budget showed an excess of expenditure over income of \$47,560, whilst the actual result was \$130,752. This was due to a reduction in income of \$41,291 and an increase in expenditure of \$41,901. The main loss of income was from supporting membership (\$30,648 down on the budget) and the Annual World Dental Congress (\$18,875 down on the budget). The increase in expenditure is largely attributable to the unfavourable exchange rate between the US dollar and the pound. The budget was prepared at a rate of 2.10 whilst the actual overall rate in 1980 proved to be 2.32. Over 70% of total expenditure is subjected to the influence of exchange rates.

The Council in its report to the General Assembly in Hamburg warned that the Federation was on very unstable ground in relying so heavily on largely unpredictable sources of income and this has been borne in mind by the Executive Committee when preparing the draft budget for 1982. This draft is being circulated to Member Associations to enable them to study it before it is finalized by the Finance Committee and Council for presentation to the General Assembly in Rio de Janeiro.

INCOME BUDGET

1. Subscriptions of Member Associations In the 1981 budget the supporting members are supposed to contribute 29.46% and the member associations 41.09% of the income budget. Many delegations have expressed the view that it is the member associations and not the individual members who should bear the major responsibility for the FDI and its programmes. In the light of the experience of 1980, the Executive Committee therefore propose that income from member associations be raised from \$200,000 in 1981 to \$260,000 in 1982.

The subscriptions of member associations will be recomputed for the period 1982-1984 using the latest membership figures and the national per capita income taken from the 1978 edition of the United Nations Statistical Yearbook in accordance with Chapter X, Section 10 A of the Regulations. Computer print-outs will be available in Rio de Janeiro showing the amounts which Member Associations will have to pay if total membership income is increased to \$260,000 and the maximum contribution of any one member association is reduced from 30 to 27% in 1982.

2. Subscriptions of Supporting Members The number of supporting members unfortunately dropped from 13,734 in 1979 to 11,880 in 1980. Whilst the largest drop was due to the problems in Canada (1470 down in 1979), it appears most unlikely that the target of 15,500 will be reached for 1981 unless there is a very large Latin-American attendance at the congress in Rio de Janeiro.

The Executive Committee has therefore set a target of 14,000 for 1982 and an anticipated income of \$252,000 which is 38.36% of the income budget as compared with 39.57% for the member associations.

3. International Dental Journal Income for 1982 is based on 2,740 FDI subscriptions and 560 non-member subscriptions and maintaining the combined subscription at \$45.

4. Interest on Investments and Bank Accounts The amount for 1982 has been reduced as a result of the depletion of the Federation's capital by the 1980 deficit and experience during the last two years with the late payment of the subscriptions of member associations.

5. Annual World Dental Congress The Executive Committee income budget for the Vienna Congress is based on the budget prepared by the Organizing Committee in 1980 which anticipated an attendance of 5635 dentists and 1,000 Associate members and students. Since the Executive Committee met, the Organizing Committee has produced a prudent mini-budget based on an attendance of 4,300 dentists and 700 associate members and students. This reduces the FDI 10% to \$54,000. This item will be reviewed by the Finance Committee.

As the results of 1980 confirmed, this is another source of FDI income which is very hard to predict with any accuracy as attendance is affected by so many factors. There were 5,619 dentists at the Paris Congress in 1979 and 3,201 at the Hamburg Congress in 1980.

The Executive Committee believes that there is potential for obtaining increased income, or its equivalent by way of "free of charge" benefits, from FDI congresses. Various methods of achieving this are being investigated, including the appointment of official congress consultants.

EXPENDITURE BUDGETS

8. Officers' expenses The President's travel allowance was increased to \$6,000 in 1980 in view of his attendance at meetings all over the world. Whilst appreciating the value to the Federation of visits by the President to the member associations, the Executive Committee was compelled to reduce the President's budget in 1982 to \$5000. The other officers' expenses have also been reduced.

The officers of the FDI receive no remuneration or recompense for loss of practice time and their per diem allowance of US\$70 does not even cover all hotel costs. Economy air fares are provided for attendance at annual world dental congresses.

9. The Executive Director's travel and entertainment expenses were \$1,063 over budget in 1980 because of an unbudgeted visit to the Canadian Dental Association in December 1980 at their request. It is hoped to make savings of about \$7,000 in his travel in 1981 thanks to the good advice and assistance received from Meon Group Travel. This will continue in 1982 and the budget has been reduced to \$10,500. Most of the Executive Director's travel allowance is spent on essential visits to future congress sites to meet the Organizing Committees for congresses. This involves visiting at least three congress sites a year. A second priority is visits at intervals to meetings of the regional organizations.

10. Headquarters Office Expenditure in 1980 appears to be \$27,099 over budget, but \$25,604 of this is caused by the difference in exchange rates mentioned earlier. Included in the expenditure on salaries was \$6,000 for assistance from outside translators. Without their help it would not have been possible to complete for the General Assembly the translations of the long technical appendices to the reports of the commissions.

Details of the headquarters budget for 1982 are given in the long sheets attached. At its meeting in April, the Executive Committee based the 1982 budget on a rate of \$2.25. Since then the rate has dropped to \$2.00. In view of the severe fluctuations that we have experienced in the past and the deleterious effect they have on the Federation's budget, the Finance Committee may deem it advisable to leave the budget at the \$2.25 rate.

Apart from the Executive Director, the FDI still employs only 8 full-time and 2 part-time staff to provide a multi-lingual service to 95 associations and some 14,000 supporting members.

At the end of December 1980, the full records of 15,767 supporting members had been put into the computer of a London dentist at a cost of only \$7,531. A commercial firm would have charged double. This computerization is facilitating considerably the work of the headquarters and will gradually reduce the administrative work of the National Treasurers.

11. Newsletter The over-expenditure in 1980 was largely attributable to the rates of exchange. The printing, postage and handling costs of Quintessenz are paid in German Marks and the headquarters postage in sterling. The Federation's contract with Quintessenz has been renewed until December 1982 without any increase in charges.

The Finance Committee will consider a recommendation that members who have not renewed will cease to receive their Newsletter starting with the July issue. This will mean that the National Treasurers will have to send their lists of renewals by 1st June.

12. Council expenses The budget for the Executive Committee is to cover the costs of one four-day meeting in London each year.

The budget item Travel and subsistence of elective officers at annual world congress has been reduced from \$49,580 in 1981 to \$35,340 in 1982 because of the difference in fares to Rio de Janeiro and Vienna. It is hoped to effect further savings in 1982 by means of FDI group travel arrangements. If member associations who arrange group travel to FDI congresses would arrange pre congress tours, Council members and commissions officers could take advantage of the package tours, thus saving money for the Federation. They could attend the business meetings whilst the other members of the group are on tour.

13. Commissions The total budget for the commissions has been reduced from \$54,330 in 1981 to \$40,640 in 1982 because of the savings on fares to the annual congress. This is only 6.10% of the total 1982 budget, because the translations and circulation of documents to the working groups and consultants of commissions carried out by the headquarters office are not charged separately to the commissions.

14. Regional organizations and Secretariats Grants have not been included in 1982 for the Asian Pacific Regional Organization and the European Regional Organization according to the advice from each region. The grant to the South Pacific Secretariat has been discontinued because of lack of activity.

16. Annual World Dental Congress It is hoped to reduce the costs of travel for the Assistants to the Executive Director and staff by package deals and to obtain a sponsor for the FDI reception for the Organizing Committee at the end of the Congress.

18. General Contingencies The contingency fund budget and the headquarters office contingency fund together represent 5% of the total expenditure budget.

19. Provision for exchange fluctuations It was considered prudent to reduce this to \$10,000 in view of the more favourable trend in the monthly level of exchange rates. The Finance Committee must make a final recommendation on this figure in Rio de Janeiro after the experience of the intervening four months is known.

Conclusion

In preparing the 1982 budget every care has been taken to assess income realistically and restrict expenditure to levels necessary for the productive functioning of the Federation, whilst eliminating costs not considered essential. How accurate the expenditure budget proves to be is still dependent on the exchange rates prevailing.

Quarterly budget checks are performed in the headquarters office to monitor expenditure against the budget, but the problem remains that almost 55% of the annual expenditure in 1982 will occur in the last half of the financial year and the major portion of this is connected with the annual congress.

It is hoped that the above comments on some of the items in the FDI income and expenditure budget will be of assistance to member associations in their study of the draft budget. The Executive Director will be pleased to provide any further explanations on request.

June 1981

J.E. Ahlberg
Executive Director

APPENDIX L (i)

FEDERATION DENTAIRE INTERNATIONALEINCOME BUDGET

	<u>Income</u> <u>1980</u>	<u>Budget</u> <u>1981</u>	<u>Budget</u> <u>1982</u>	<u>No</u>
Subscriptions - Member Associations	162,677*	200,000	260,000	1
Subscriptions - Supporting Members	143,352	279,000	252,000	2
International Dental Journal	24,043	10,000	15,000	3
Interest on Investments and Bank A/cs	31,883	25,000	20,000	4
Annual World Dental Congress 10%	41,126	125,000	75,000	5
Grants from Friends of the FDI	28,005	40,000	35,000	6
Publications income (net)	623	-	-	7
	\$431,709	679,000	657,000	
Expenditure	562,461	693,040	665,595	
Excess of expenditure over income	130,752	14,040	8,595	

EXPENDITURE BUDGET

Officers' expenses	7,147	8,500	6,600	8
Executive Director's salary and expenses	58,438	67,250	64,000	9
Headquarters office and printing	270,009	292,100	313,500	10
Newsletter	64,639	62,100	76,200	11
Council expenses	63,627	80,540	63,415	12
Commissions	29,174	54,330	40,640	13
Regional organizations and Secretariats	4,000	5,100	3,000	14
International Dental Journal	4,865	11,590	7,490	15
Annual Congress and General Assembly	46,219	67,530	53,150	16
Membership and Grants	990	1,500	1,600	17
Provision for exchange fluctuations	2,335	20,000	10,000	18
General contingencies	10,567	22,500	26,000	19
Subscriptions written off	451	-	-	20
	\$562,461	693,040	665,595	

*Including \$8,250 paid into FDI non-transferable accounts in Eastern Europe.

FBI

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Telecommunication

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GENEVE 32/30 12 1713

LT
MR. GIL UTS
PRESIDENT CDA
1815 ALTA VISTA DRIVE OTTAWAONT

THANK YOU FOR COPY CABLE NEWBURY STOP BE ASSURED THAT PRESIDENT
APPRECIATES YOUR ACTION AND SUPPORTS YOUR RECOMMENDATIONS
BAUME

COL 1815



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

August 4, 1981

Dr. C.R. Newbury,
Treasurer,
Federation Dentaire Internationale,
20 Collins Street
Melbourne, Victoria 3000
Australia

Dear Dr. Newbury:

Thank you for your response to my cable of July 1, 1981 which due to our postal strike has just been received from Dr. Alhberg. The postal strike also meant that we did not receive a copy of the draft budget for 1982 with the accompanying comments of the Executive Committee.

As the decision of the CDA to remain in the FDI was based on a complete revision of the financial structure of FDI it is essential that we have documentation of the proposals that are to be presented to the Congress in Rio de Janeiro. It is hoped that your proposals will contain suggestions for modification of the inequities that we have noted in your letter.

The CDA would support an annual computerization of basis for subscriptions of member associations as well as a continued effort by FDI to ascertain a more equitable basis than per capita income of the country.

I wish to correct a statement made by the Executive Committee on the supporting membership subscription. No excess monies have been accumulated for 1981, in fact the income still falls short of the expenses that were suggested to the CDA as legitimate by the FDI Executive Director, Dr. Ahlberg, when he visited Canada last autumn. The 1981 CDA supporting membership has increased by 300 per cent over 1980. This means a considerable increase in funds to the FDI.

As indicated in our discussions with Dr. Ahlberg in Ottawa, the CDA does not intend to make a profit on the supporting membership campaign, but does wish to offset some portion of the expenses. The Member Association fee and the expenses of delegate attendance represent a contribution of the total CDA membership to the FDI and Canada is in the top ten contributors. Supporting membership to 1981 is at approximately 10 per cent of the membership which is also near the top bracket.

With due consideration to the above situation, I feel the comments of the Executive Committee and the tone of the letters is completely unjust. The CDA is providing support in excess of many other Associations and the Executive Committee would do well to at least recognize if not commend the CDA rather than reprimand on assumption.

The present devaluation of the Canadian dollar is further indication that the CDA cannot presume to reduce the supporting membership surcharge in 1982.

An immediate reply with at least an outline of the proposals for revision of the FDI financial structure is essential.

Sincerely yours,

Gil Utas, D.D.S.
President

GU/ssd

cc: Dr. J.E. Ahlberg, FDI
Prof. L.J. Baume, FDI
Dr. T. Aggeryd, FDI
Dr. J.J. Houlihan, ADA



FEDERATION DENTAIRE INTERNATIONALE
INTERNATIONAL DENTAL FEDERATION
ASSOCIATION DENTAIRE MONDIALE A BUT SCIENTIFIQUE
IN COLLABORATION WITH THE WORLD HEALTH ORGANISATION

HEADQUARTERS OFFICE
64 WIMPOLE STREET
LONDON, W1M 8AL U.K.
TELEGRAM: INDENFDN LONDON, W.I.
TELEPHONE: 01-935 7852
01-487 4544

CAN/1

8th July 1981

Received Via Telex dated July 2, 1981

Mr H Drouin
Canadian Dental Association
1815 Alta Vista Drive
Ottawa
Ontario K1G 3Y6

Dear Mr Drouin

The Executive Committee discussed the Canadian situation during its meeting of 28th - 30th April and were very pleased to note the previous motion that the Canadian Dental Association should withdraw from the FDI had been rescinded. They also noted that we have received the subscription for 1981 and this implies that, as far as the Executive Committee is concerned, no further discussion on that topic will be necessary. The Canadian Dental Association will be a member association in good standing at the Annual World Dental Congress in Rio de Janeiro.

The Committee regretted that the Canadian Dental Association had felt it necessary to add an administrative surcharge of such magnitude that the subscriptions of the supporting members in Canada for 1981 amounted to Canadian \$35 and Canadian \$60 for the combined subscription. The Committee noted also that the recruitment of supporting members had already exceeded the conservative estimates made by the Canadian Dental Association and that, therefore, an excess amount in surcharges had been accumulated.

The Executive Committee is keen to avoid any discussion by the General Assembly of this high surcharge which may cause adverse reaction. The Committee hoped, therefore, that the Canadian Dental Association would contemplate using some of the surcharge accumulated in 1981 to offset costs during 1982 and also to base their estimates for 1982 on a higher number of members and reduce the total subscription for 1982 for full supporting members only to Canadian \$30. This would obviously make their subscriptions equivalent to the subscriptions charged in the USA which will be US \$25.

I look forward to your comments on this proposal.

Yours sincerely

Dr J E Ahlberg, Executive Director

cc: Executive Committee

President: PROFESSOR L. J. BAUME, Section de Médecine Dentaire, 19 rue Barthélemy-Menn, 1211 Genève 4, Switzerland

President-Elect: DR. T. AGGERYD, Adolf Fredriks Kyrkogata 9 A, Box 1304, 111 83, Stockholm, Sweden

Executive Director: DR. J. E. AHLBERG, 64 Wimpole Street, London W1M 8AL, U.K.

Treasurer: DR. C. R. NEWBURY, 20 Collins Street, Melbourne, Victoria 3000, Australia

Editor: PROFESSOR F. E. LAWTON, School of Dental Surgery, Pembroke Place, P.O. Box 147, Liverpool L69 3BX, U.K.



FEDERATION DENTAIRE INTERNATIONALE
INTERNATIONAL DENTAL FEDERATION
ASSOCIATION DENTAIRE MONDIALE A BUT SCIENTIFIQUE
IN COLLABORATION WITH THE WORLD HEALTH ORGANISATION

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01-487 4544

CAN/1

2nd July 1981

Received Via Telex dated July 2, 1981

Dr G Utas
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6

Dear Dr Utas

Dr C R Newbury has discussed your cable of 1st July regarding the FDI subscription structure with me. We have agreed to make the following comments.

The proposals aimed at reducing inequities in the structure which have been advocated by the American Dental Association and the Canadian Dental Association have already been examined.

One relates to the so-called ceiling, ie, the maximum proportion of the total subscription from Member Associations payable by any one Member Association. This only concerns the American Dental Association. Two different alternatives for a reduction of the ceiling were introduced to the General Assembly at its first meeting in Hamburg. The FDI Council's proposal is recorded as Resolution 8 on page 1980-208 of Council's report to General Assembly A. An amended Resolution 8 is recorded on pages 1980-293/294 of the Minutes of the General Assembly A. These documents have been circulated to all Delegates and Member Associations, but copies of the relevant pages are enclosed for your convenience.

A further proposal was raised by Dr Covit from the floor of the Assembly and is recorded on page 1980-294.

As stated on page 1980-294, Resolution 8 and the two proposals for amendments will be voted upon by the General Assembly in Rio de Janeiro at its first meeting.

Regarding the proposals from the Canadian Dental Association, a further development has taken place subsequent to the Executive Director's visit to the CDA Management Committee in November 1980. The agreed procedure for establishment of a surcharge on the subscription of Canadian Supporting Members, motivated by the seemingly unique legal restrictions on recruitment of individual members by the Canadian Dental Association, would seem to meet, in essence, those Canadian problems reflected in the proposals of Dr Covit as recorded in the Minutes of the General Assembly.

Dr Covit's resolution as quoted on page 1980-294 is now included as a separate agenda item for General Assembly A. If the Association wishes to withdraw this resolution or present an amended version, it would facilitate the proceedings greatly to receive, prior to the Congress in Rio de Janeiro, a letter withdrawing or amending the resolution.

CAN/1

2nd July 1981

Dr G Utas, President
Canadian Dental Association

The Executive Committee has, in fact, studied the question of the Federation's finances from a wider angle than merely the income from Member Associations. Important proposals aiming at reducing expenses for travel and subsistence and increasing income and improving cash-flow from the Annual World Dental Congresses will be submitted to the Council and are referred to in the comments to the draft budget for 1982 which are being circulated to the Member Associations. A copy of this document is enclosed.

The Committee has been unable to find a better general basis for the structure of the subscriptions from Member Associations. Whilst realising that this basis is not perfect, an analysis of its fundamental components leads to the following conclusions.

Inequities may arise from incorrect reporting of the number of members of any Member Association for the triennial review of the basis for subscriptions. In the case of Member Associations not supplying this information, the Executive Committee has decided to increase the latest figure by 10 per cent. In some cases where the numbers of members supplied differ vastly from the number of dentists in the country reported for the Basic Facts Sheets, the accuracy of the Association's membership figures is being queried. Technically, it is possible to lay down precise rules as to how members, exempted from or paying a reduced subscription to their Association, should be counted. Since the proportions of such categories of members are likely to be limited and fairly equal among Member Associations, it is very doubtful that such rules would remove any noticeable inequities, but they would add considerably to the complexity of reporting.

The fundamental fact remains that it is basically necessary to rely on the figures for membership provided by the organization in any subscription structure since membership in most Associations is voluntary. The Finance Committee and the Council will have the opportunity, on the basis of recent data for the number of dentists in different countries, to discuss in Rio de Janeiro any glaring differences with the reported numbers of members and decide on the practical and policy implications of any remedial actions.

The second fundamental element of the subscription structure is the per capita income of member countries. The Executive Committee remains convinced that some modifying factor, reflecting the general economic level of a country, must influence the subscription of different Associations in order to avoid major inequities. Whilst it is accepted that the per capita income does not always adequately illustrate the income level of individual colleagues in certain countries, no other available statistics have been proposed that would provide a better picture of the average living standards of the dental profession in individual countries.

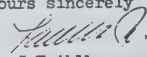
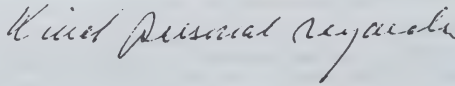
CAN/1

2nd July 1981

Dr G Utas, President
Canadian Dental Association

A new situation has arisen in recent years, however. The greatly increased fluctuations in exchange rates between currencies tend to make figures of per capita income, quoted in one major currency, the US Dollar, rapidly out of date. Consequently, the subscription calculated in an earlier year may not truly reflect the economic situation when the subscription falls due. It is not possible to state whether the differences in subscription would be great and whether such variations up and down would offset each other in the longer term. The possible value of more frequent recomputerisation of the basis for the subscriptions of Member Associations than every three years will therefore be raised with the Finance Committee.

Yours sincerely


Dr J E Ahlberg
Executive Directorcc: Executive Committee
Finance Committee



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

FROM THE OFFICE OF THE PRESIDENT

June 29, 1981

Dr. C.R. Newbury,
Treasurer,
Federation Dentaire Internationale,
20 Collins Street,
Melbourne, Victoria 3000
Australia

Dear Dr. Newbury:

As you are aware the major reason for the withdrawal of the Canadian Dental Association from the Federation Dentaire Internationale last year was the inequities of the present F.D.I. subscription formula. The decision of the C.D.A. to return to F.D.I. was based largely on the promise of the Executive-Director Dr. Alhberg that the F.D.I. Finance Committee and Executive Council would be presenting a revised financial structure to rectify these inequities.

It would be very helpful to the deliberations of the C.D.A. Board of Governors to have access to these proposals before the delegates leave for the Congress in Rio de Janeiro. An opportunity to study the proposed new structure would afford time for discussion of its implications to the Canadian situation resulting in more meaningful input by the delegates in Rio.

Due consideration to the concerns of the American Dental Association as expressed by their delegates in Hamburg must also be included in the new formula as their continued support of F.D.I. is essential to its future well-being.

I would appreciate receiving this information as soon as possible and preferably by July 25th.

Kind regards.

Sincerely,

Gilbert Utas, D.D.S.,
President

211 EAST CHICAGO AVENUE, CHICAGO ILLINOIS 60611 • AREA CODE 312-440-2871

Dr. John J. Houlihan • President

June 4, 1981

JUN 9 - 1981

Dr. C. R. Newbury
Treasurer
Federation Dentaire Internationale
20 Collins Street
Melbourne, Victoria 3000
Australia

Dear Doctor Newbury:

Thank you for your correspondence of May 5, 1981, in which you detailed your recent review and appraisal of the finances of the Federation Dentaire Internationale. Your personal concern for the feelings of the American Dental Association relative to the subscription (dues) structure is appreciated, particularly in light of the fact that this office has received no correspondence on this issue since the Annual World Dental Congress in Hamburg. As an Honorary Member of this Association, and a personal friend, I am sure you realize that the interest and concern of our membership relative to the existing dues structure of the FDI threatens the excellence relationship our organizations have enjoyed.

I am sure you are aware of changes in the position and ranking of the United States relative to other world economies. In terms of per capita income, the United States has fallen to tenth position. This nation's present economic problems have had a telling affect not only on the income of its dentists, but also on the income of the Association from all sources. Evidence of this was reflected in the fiscal constraints mandated by the Association's 1980 House of Delegates and, as a consequence, the American Dental Association should no longer be expected to assume responsibility for the major share of the Federation's budget. You have to come in with an equitable and realistic resolution of this issue.

Additionally, I would like to point out that in your letter you state that "about 50% of Member Associations have failed to provide up-to-date figures for the Basic Fact Sheets despite several requests."

Dr. C. R. Newbury

June 4, 1981

Needless to say, this is not a compliment to the organizational ability and efficiency of the FDI and it, more than anything else, points to our reasons for concern. Dr. Harold Hillenbrand has long held to the view that the solution to the problem probably lies in division of the developed and underdeveloped countries in the areas of dues obligation. I respectfully request that a meaningful and forthright solution to the issue of dues dollars is long overdue and is the obligation of the Council of the FDI. Good intentions will not suffice and we must have meaningful action in this area.

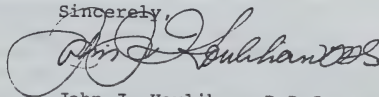
Renton, as an aside, I might point out that during our annual meeting with the leadership of the Canadian Dental Association, the issue of FDI subscription and involvement came under considerable discussion. Although I cannot presume to speak for the Canadian Dental Association, it would appear to me that the concerns of U.S. dentistry are shared by many. Certainly, both organizations together represent a large, active and influential group with the Federation, and it seems logical that their concerns be answered.

For your information, I attach a copy of Dr. I. Lawrence Kerr's report to the Board of Trustees in October 1980. Dr. Kerr's comments concerning review of the Federation's entire financial structure appear on page 1003, item 4. In this regard, your letter of May 5 does not reflect the effort promised to Dr. Kerr, namely, the "total study of the subscription structure by the Finance Committee of the FDI and/or a special committee." (page 1002, item 3), nor does it satisfy completely the actions of the Association's Board of Trustees (copies enclosed).

I urge your immediate attention to this matter, and request that your Council submit to the General Assembly in Rio de Janeiro a recommendation and an action plan to eliminate inequities presently found within the subscription (dues) structure of the FDI, effective dues year 1982.

I look forward to seeing you in Rio de Janeiro.

Sincerely,



John J. Houlihan, D.D.S.
President

JJH:ms
Encs.

Dr. C. R. Newbury

June 4, 1981

cc: Officers and members,
Board of Trustees
Dr. L. J. Baume
Dr. T. Aggeryd
Dr. Jan Eric Ahlberg
Dr. Harold Hillenbrand
Dr. G. E. Utas
Dr. D. E. Williams
Dr. Clyde Covit
Mr. Hubert E. Drouin
Dr. Thomas J. Ginley
Mr. James Sweeney
Ms. Helen McK. Cherrett

ACTIONS OF THE ADA BOARD OF TRUSTEES

B-184-1979. Resolved, that continued ADA membership in FDI after dues year 1980 be contingent upon demonstrable progress by the FDI in the following areas:

1. Revision of dues structure to effect more equitable apportioning.
2. Reassessment of world health functions actually stimulated by FDI.
3. Assessment of the productivity of the commission reorganization.
4. Indication that representation for the U.S. will be equitable.

The Board of Trustees adopted a motion that President Kerr appoint a committee to make recommendations for changes in the FDI subscription formula for member countries and report to the Board on the following day.

(Adopted by the Board of Trustees at its March 1980 session.)

Alternate Dues Structure for FDI: The Committee reported that it had prepared the following proposed statement to the FDI relating to its dues structure:

The American Dental Association earnestly requests the Federation Dentaire Internationale to consider an alteration of its dues structure. It is the strong feeling of the ADA that the FDI dues structure needs to be more equitable. A more equitable dues structure should encourage more active participation by all countries.

The following is the dues structure adjustment approved and recommended by the ADA Board of Trustees: the budget limit of 30% for any one member organization be reduced to 20%. In addition, 20% of the sustaining members dues received by FDI be credited as payment to the member organization dues. It is recognized that a portion of the sustaining members dues are retained in the country of origin as well as a subscription fee for the magazine. The net amount of sustaining members dues actually received by FDI is the amount upon which the 20% is to be calculated.

Actions of the ADA
Board of Trustees

When the economic condition of the world was adversely affected by World War II, the ADA was willing to assume a major portion of the budget responsibilities of the FDI. However, economic conditions have altered drastically over the past 20 years. As a result, the ADA strongly feels that the dues structure should be more equitably shared.

The American Dental Association has no desire to impose requests on the FDI which would cause a budget hardship. To that end, the ADA could agree to a phase-in of the 10% reduction in the budget limit such as 2% over a five-year period. We prefer the limit reduction in one year but offer the phase-in compromise to demonstrate our strong desire for a dues structure alteration.

Following discussion, the Board of Trustees adopted a motion approving the proposed statement for presentation to the FDI.

(Adopted by the Board of Trustees at its March 1980 session.)

B-106-1980. Resolved, that the ADA 1980 Member Association subscription (dues) be paid on or before August 20, 1980.

B-106-1980. Resolved, that the U.S. delegation to the FDI meeting in Hamburg utilize fully its opportunity to modify or amend such proposal to more closely effect the declared goal of the ADA Board of Trustees, and be it further

Resolved, that the chairman of the U.S. delegation bring a complete report to the Board in session during the October 1980 meeting.

(Adopted by the Board of Trustees at its August 1980 session.)

Subscription structure of the Federation: The Council studied the replies received from 13 member countries to the memorandum of 30th May 1980 regarding the FDI subscription structure. The Board of Trustees of the American Dental Association confirmed at its meeting in August that its goal is a maximum contribution of 20% by any one member association.

The Council considered the practice in other international organizations such as the WHO and noted that it is now customary to fix a ceiling limit of 25%. As a reduction in the ceiling will automatically increase the FACTOR C for most other countries, the Council recommends that a reduction be phased in over three years and presents the following resolution for consideration and final action at General Assembly A in Rio:

RES. 8 Resolved, that the maximum contribution of any one member association shall not exceed 27% in 1982, 26% in 1983 and 25% in 1984, of the total income from the subscriptions of member associations, and be it further

Resolved that Chapter X, Subscriptions, Section 10A of the Regulations be amended in 1984 by the deletion of the word "thirty" and the substitution of the word "twenty five" in the penultimate sentence.

Following the request from the Canadian Dental Association last year to reduce the subscriptions of member associations in proportion to the increased income by their supporting members, the Executive Committee approved a memorandum on the subject which was distributed to all member associations of 30th May.

In the following letter of 12th August, the President of the Canadian Dental Association conveyed to Professor Baume the text of a motion adopted by the Executive Council of the Association in July 1980. The third paragraph of the motion states that the proposals contained in the Executive Committee's memorandum are not acceptable to the Canadian Dental Association.

The Council considered all the aspects of the motion and rejected the proposals contained therein as damaging to the financial structure of the FDI. It has nevertheless appointed certain members of the Council to have discussions with the Canadian delegation to give them the opportunity to put forward alternative proposals.

GA-1980-4 Resolved that the Balance Sheet and Accounts as audited for the fiscal year 1979, together with the Auditor's report, be approved.

Use of FDI funds in an emergency: The Speaker advised the General Assembly that Resolution 7 would be voted upon in General Assembly B since it involved an amendment to the Regulations.

Treasurer's Report: The Treasurer commented that at the time of reading the report the Dollar/Sterling exchange rate had risen to 2.41 as compared with \$2.20 used for the 1980 Budget.

Dental Lexicon: The Executive Director provided the General Assembly with some additional information on that project which, he stressed, occupied a great deal of the President's time. Whilst the financial situation unfortunately did not look very bright, recent information received during the Congress indicated that the Federation might after all stand a good chance of receiving a grant. The revision of the Dental Lexicon would continue.

Subscription Structure of the Federation: In accordance with a wish previously expressed, the Speaker gave the floor to Dr. C. Covit (Canada).

Dr. Covit thanked the Speaker for giving him the opportunity of making a short presentation on Canada's position and made the following statement:

"We have member associations which are basically the provinces of Canada, which have joined the Association and we have individual supporting membership. 4,000 dentists in Canada out of the 10,000 have no choice and must join the Dental Association and 6,000 are on a voluntary basis. The membership decrease this year to 251 dentists is not a result of the fact we have raised our dues to \$30, but is due to the fact that member associations have not endorsed the FDI membership to their membership, as this is subject to their proposals.

As a dentist in Canada, I have to pay \$200 as of next year to the Canadian Dental Association, \$325 to my licensing body, \$175 to my local society and then \$30 to the FDI. That is not really the cause of the decrease in our membership. Our dues have gone from \$90 last year to \$125 this year and \$200 next year; that is why the dentists of Canada through the Board of Governors have mandated me to write that letter with our proposal. Unfortunately, in the past we have been told in Athens that our problems would be resolved in Toronto, in Toronto that they would be resolved in Madrid, in Madrid that they would be in Paris and as a result of special negotiations in Paris and as a result of the report, we must now in Hamburg look forward to Rio for possible implementation of our concerns."

Dr. L. Kerr (USA) thanked the Council of the Federation for its careful perusal of the wishes and concerns expressed by the American Dental Association with regard to the subscription formula and advised the General Assembly that the Board of Trustees of the American Dental Association wished Resolution 8, to be considered in the usual manner at the Congress in Rio de Janeiro, to be amended to read as follows:

RES. 8 Resolved, that the maximum contribution of any one member association shall be 25% of the total income from the subscriptions of member associations, this is to be effected in the 1982 budget year, and be it further

APPENDIX L (viii)
1980-294
GENERAL ASSEMBLY

Resolved, that the maximum contribution of any one member association shall be 20% commencing the 1985 budget year (Chapter X, Subscriptions, Section 10 A of the Regulations) and that the appropriate by law changes effecting the above be placed before the Assembly at the Annual World Dental Congress to be held in 1981.

Resolution 8 was moved by Dr. Heffron and seconded by Dr. Kerr and the Speaker advised the General Assembly that it would be placed before them at the Rio de Janeiro Congress. The amendment, proposed by Dr. Kerr, was formally moved by Dr. Kerr and seconded by Dr. J.P. Cappuccio (USA). The General Assembly noted that it would also be placed before the Assembly in Rio de Janeiro.

Dr. Covit then moved the following amendment for consideration at the Rio de Janeiro Congress by quoting from his letter of August 12th to the President, Professor L. J. Baume:

Be it Resolved:

That no member association will ever have to pay more than their present subscription as a member association;

That the present subscription of a member association be reduced by any increase in revenue from additional supporting members to a baseline of two-third (2/3) of the present subscription;

That any additional revenue required by the FDI to meet future budgetary projections be generated from appropriate increases in supporting membership fees; and

That Chapter II, Section 60B and Chapter X, Section 10D4 of the Constitution of the FDI be amended to allow member associations to add the appropriate administrative surcharge to their supporting membership fees to cover any and/or all of their costs related to the Fédération Dentaire Internationale.

The motion was seconded by Dr. G. Utas (Canada). The Speaker said that whilst the amendment could be received, it could not be acted upon until action had been taken on the first amendment proposed by Dr. Kerr relating to Resolution 8.

The Executive Director, supported by the Speaker, asked that both amendments be submitted in writing. The Speaker explained again the procedure to be followed in Rio de Janeiro, namely consideration of Resolution 8, followed by consideration of the amendment moved by Dr. Kerr and, depending on the outcome of that, consideration of Dr. Covit's amendment and any other submitted in writing.

The Treasurer then proceeded to read pages 1980-209/212 including the first two paragraphs of the section of supporting membership.

Dr. Covit objected to the third sentence in the second paragraph of that section, reading "This is clearly a result of the decision of the Board of Governors of the Canadian Dental Association to charge Canadian supporting members Can. \$30 in 1980 in order to cover the Association's administrative costs, the rate of exchange and the costs of the Association's representatives to the FDI" and asked that that sentence be deleted. He explained that the increase to \$30 provided for the increase to US \$18 in 1981 and that \$25 would be charged for supporting membership subscriptions in the United States, which represented Canadian \$30.

CDSPI

Members of the CDSPI Board are:

Dr. G. Anthony
Dr. C.F. Copithorne
Dr. R. Dupont
Dr. J.C. Giguere
Dr. C.R. Hill
Dr. R. Moran
Dr. R.L. Rasmussen
Dr. R.D. Wells

Members of the Management Committee are:

Dr. J.E. Durran
Dr. R.L. Moran
Dr. M.D. Charendoff

This report contains information since the last report to the CDA Board which was March, 1981.

General Manager

Mr. Kingsley D. Butler has joined CDSPI as General Manager as of June 1, 1981. He is eminently qualified for the position and we look forward to his association with us. He will be present at the Calgary meeting and will be introduced at that time.

Canadian Dentists' Insurance Plans Holding Account

The actual and projected income for 1981 for this account is shown below.

Admin. allowance received from R.S.A. for 1980	\$ 30,000.00
2% of net insurance premium collected from January 1 to March 31, 1981	81,803.93
Bank interest	2,545.38
Sub Total	<u>114,349.31</u>

Projected Income for the rest of 1981

2% of net premium still to be collected:	52,196.00
Bank interest	12,808.00
	<u>179,353.31</u>

Expenditures:

Plans audit 78 & 79	\$ 10,850.00	
Cost of Benefit Committee Meeting in 1980	<u>7,652.81</u>	18,502.81
		<u>\$160,850.50</u>

CDSPI

The Board of Directors of CDSPI agreed to the following motion.

RESOLVED:

*THAT the Insurance Holding Account be named
CDIP Holding Account.*

ADOPTED

The Board of CDSPI has discussed the CDIP Holding Account and the appropriate use of the funds contained therein. Therefore, the CDSPI Board recommends to the CDA Board that the suggested estimated expenditures be approved from the above account.

RESOLVED:

*THAT the suggested estimated expenditures for
the year ended March 1982 be approved as listed
to be applied against CDIP Holding Account.*

ADOPTED

CDSPI

SUGGESTED CHARGES AGAINST INSURANCE HOLDING ACCOUNT

Graduate Package	\$ 66,516.71
Plans Audit re 1980	6,000.00
Benefit Committee Chairmen Meeting 1981	12,000.00
	<u>84,516.71</u>

PROMOTION:

Mr. Gallant's Travel Expenses (Estimates)	\$ 17,775.00*	
Promotion & Advertising:		
- Advertising in CDA Journal	8,500.00	
- Advertising in Provincial Association Journals and/or Programs	2,000.00	
- Advertising in Student Publications	400.00	
- Reprints of Ads for general distribution	3,600.00	
- Printing promotion material for Benefit Chairmen	3,800.00	
- New Posters for Expo System	2,000.00	
- Special Promotion re - Office Contents Insurance	6,000.00	
- One Mailing of CDA Communique	4,400.00	
- CDA President's Letter & Graduates	300.00	
- Shipping Charges- Expo System and Material	1,500.00	
- Rental of booth Space & Equipment	750.00	
- Attitude Survey	15,000.00	66,025.00
		<u>66,025.00</u>
TOTAL CHARGES		\$ <u>150,541.71</u>

*Transportation	\$ 4,760.00
Hotel	3,890.00
Meals & Sundry	2,575.00
Visits to Dental Facilities 1st Qtr. 1982	4,700.00
Service Work 1st Qtr. 1982	1,850.00

It should be noted that all of the expenditures relate to the promotion of the Insurance plans in one way or another.

Eligibility

As of June 1, 1981 the status of this problem was as follows:

1. Membership listings have been received from ODA and QDSA.
2. Reed Stenhouse files have been compared to the names on these listings.
3. The result of (2) above has left a number of unmatched names which may be members of CDA.
4. CDA is in the process of providing an up-to-date listing of members.
5. After receipt of this list, we will then know how many files that Reed Stenhouse has which do not match any of the three lists.
6. After completion of (5) CDSPI will be able to answer those questions posed at the March CDA Board Meeting.

The appended CDSPI Eligibility Procedures statement was distributed to the Governors at the meeting.

RESOLVED:

*THAT the eligibility requirements as outlined
in the master contracts be enforced.*

ADOPTED

RESOLVED:

*THAT the transfer of insurance coverage for
dental auxiliaries from office to office be
investigated by CDSPI.*

ADOPTED

Legal Expense Insurance

The CDA was requested to canvass the Provincial Associations to determine their position relative to legal expense insurance. The responses are attached. It appears that there is sufficient interest to warrant further investigation.

RESOLVED:

*THAT the CDA investigate the addition of
Legal Expense Insurance to the CDIP.*

ADOPTED

NOTE: Legal expense insurance refers to those legal expenses incurred by the participant as a result of provincial disciplinary hearings by a licensing board.

(Appendix "A")

CDSPI

Master Contracts

Copies of the Master Contracts have been prepared for delivery to all Provincial Associations. These contracts are available to any member, on request. The only deletion from these contracts are those sections which deal with financial arrangements between the Insurer and the Policyholder (CDA). All information relative to benefits for the participants is included.

CDA RRSP

There was considerable discussion at the CDSPI Board meeting with regard to the above. Questions were raised as to the present activities of the "average" dentist with respect to providing for his retirement - either by choice or necessity. It was decided that CDSPI possessed insufficient information and since it is desirable to have this information for the benefit of all dentists, the Management Committee was directed by the Board to gather information regarding RRSP's and the sum of \$5,000 be set aside for this purpose.

Once this information is available as a result of a survey, then it should be apparent what type of advice is needed by our dentists.

CDIP Plan Improvements

1. It is a pleasure to report that the experience in the Basic Life Plan has been in the positive once again. Therefore, the Board of CDSPI recommends to the CDA Board

RESOLVED:

"That premiums for basic life be reduced by 10% and that the coverage be increased by 10% and the maximum limit be increased to \$370,000."

ADOPTED

CDSPI

2. Long Term Disability - CDSPI has been negotiating with Imperial Life the terms of a COLA Clause for our present LTD coverage. The proposed COLA option is designed to protect the participant who has experienced a disability which has rendered that person unable to work for an extended period of time. The effects of inflation on the disability income of such a person are well known. Therefore, the CDSPI Board recommends to the CDA Board the introduction of a COLA option on the following terms

RESOLVED:

That CDSPI include in the LTD Program, a COLA adjustment and an increase in maximum coverage to \$4,000 as proposed in the May 25, 1981 letter from Reed Stenhouse; such proposal to include open enrolment for the month of October, 1981.

ADOPTED

1. The COLA will be based on a 10% escalation, non-compounding, with increases to commence after one year on claim.
2. The revised rates are shown below:

Age Range	Non COLA Rates		COLA Rates	
	1-8	31-31	1-8	31-31
less than 25	\$17.80	\$10.96	\$20.10	\$13.26
25 - 29	19.86	12.32	22.57	15.03
30 - 34	21.57	14.03	24.94	17.40
35 - 39	24.76	16.39	29.02	20.65
40 - 44	31.53	23.39	37.73	29.59
45 - 49	37.96	30.00	46.06	38.10
50 - 54	46.15	38.31	55.34	47.50
55 - 59	51.64	43.73	59.51	51.60
60 - 64	56.11	47.74	60.88	52.51

3. COLA will be available as an addition to the two Long Term Disability plans only, introduced on January 1st, 1978.
4. All coverage under either the 1-8 elimination or 31-31 elimination will be subject to the COLA provisions and premiums. A participant may however, have his 1-8 e.p. subject to COLA and not his 31-31 e.p.
5. Open enrollment period will be for the month of October 1981.

CDSPI Plan Improvements - continued

The COLA provision will be available and effective January 1st, 1982. Applications received after November 1st, 1981 will be subject to normal medical evidence. Applications received during October 1981, will not be subject to medical evidence except that, in cases where the applicant has been declined Long Term Disability coverage or has ever been on Long Term Disability claim within the last 5 years then a short form medical will be requested.

6. The COLA provision is available to any applicant who would be eligible for Long Term Disability coverage.
7. The COLA provision will not apply to any "grandfathered" plan. Participants in these plans may apply for the current Long Term Disability plan together with the COLA option during the open enrollment period or afterwards on a "with evidence" basis.
8. Any participant who is on claim on January 1st, 1982, will not be eligible to apply for the COLA provision until he has returned to work full-time for three consecutive months. The three month period must be completed prior to December 1st, 1982. Any applicant received on this basis will be subject to a short form medical requirement.

In conjunction with the COLA "open enrollment" during October 1981, a \$500 per month "open enrollment" for Long Term Disability and Office Overhead will also be promoted. The same short form medical requirement will apply to any previously declined or on claim participant. The maximum coverage available for Long Term Disability will be increased to \$4,000 on January 1st, 1982. The maximum coverage for Office Overhead will increase to \$6,000.

RESOLVED:

That there be an increase in office Overhead Insurance to a maximum limit of \$6,000; such program to include open enrolment for the month of October, 1981.

ADOPTED

CDSPI

3. Graduate "No Cost" Insurance - CDSPI recommend to the CDA Board

RESOLVED:

THAT the revised Graduate No Cost Insurance package be approved.

ADOPTED

This increase in coverage should encourage a greater number of graduates to enroll in the Plan and to look upon the coverage as being sufficient to meet their needs for at least a year or two after graduation. The cost of this added benefit has been proposed as a charge to the CDIP holding account.

	<u>NO COST PACKAGE</u>		<u>NON MEDICAL</u>	
	<u>Present Limit</u>	<u>New Limit</u>	<u>Present Limit</u>	<u>New Limit</u>
BASIC LIFE	25,000	50,000	75,000	100,000
A.D. & D.	10,000	20,000	-	-
L.T.D.	600	1,000	600	1,200
O.O.E.	500	1,000	500	1,000
C.G.L.	500,000	500,000	-	-
MALPRACTICE	500,000	1,000,000	-	-

It is estimated that the cost of providing the new schedule of coverage in 1982 would be \$75,000.00, an increase of approximately \$30,000 over the cost in 1981.

4. Guaranteed Renewability - L.T.D. coverage - This subject has been under negotiation with Imperial Life for some time. CDSPI perceives the addition of this clause in the LTD contract as a promotion measure. Inclusion of the guarantee would eliminate what we consider to be unwarranted criticism by the competition. It is hoped that the final details can be negotiated prior to the August CDA meeting.

CDSPI

Promotion Activity

Summary of 1981 Promotion Activity

1. Office Contents Promotion - A repeat of the Promotion done in 1980 which will see a 10% coverage increase effective July 1, 1981. Mailing was done at the beginning of May.
2. Accidental Death & Dismemberment - New material printed to highlight the new \$150,000.00 limit introduced January 1, 1981.
3. Insurance for Auxiliaries - A new booklet is being prepared and will be available in July detailing insurance for Auxiliaries.
4. Brochure - A new Brochure describing the CDIP is being readied for release in July.
5. Plan Improvements - Special Promotion for Long Term Disability and Basic Life:
 - (a) Open enrollment for up to \$500.00 increased coverage.
 - (b) Introduction of Cost of Living adjustment for those on LTD Claim.
 - (c) Increase in Life Coverage 10%; decrease in Life Premium 10%
6. Operation Feedback - This survey was discussed in 1980 and is now ready. A mailing of 3,000 questionnaires will be going out in a matter of days. A report will be prepared by Reed Stenhouse in late summer to permit the development of long term promotional strategy for implementation in 1982.
7. CDA Journal Advertising - A new series of ads will appear on topics such as:
 - (a) Comparison of coverage limits, CDIP VS INDIVIDUAL POLICIES
 - (b) Comparison of costs, CDIP VS INDIVIDUAL POLICIES
 - (c) Human Interest stories using actual cases
 - (d) Non-cancellability of the Long Term Disability Insurance.
8. Graduate Insurance - A major revision and upgrading of the No Cost Graduate Insurance Program is recommended.

Glossary of Terms

Mr. Cyril Gallant was questioned by the Board of Directors on the status of the Glossary of Terms. He will be meeting with Reed Stenhouse to discuss the type of glossary to be printed. It will then be a question of getting the printer's price. If that is approved, we will then have it set up by printer.

Application Activity - First Quarter

Appendix "B"

Comparison of Life Insurance offered by the CDIP and the
Alumni of the University of Western Ontario

Appendix "C"

Comparison of Life Insurance offered by the CDIP and the
Graduates Society of McGill University

Appendix "D"

Insurance and the Canadian Dental Hygienists' Association

Appendix "E"

CDIP Logo

RESOLVED:

THAT the CDIP Logo be registered.

ADOPTED

*NOTE: Executive Council recommends that the CDIP Logo be registered
with the inclusion of reference to CDA/ADC.*

Respectfully submitted,

Dr. J.E. Durran

ADOPTION OF REPORT

*The Board of Governors accepts the report of the Council on Insurance
and Investment with appreciation.*

C.D.S.P.I.

ELIGIBILITY PROCEDURES

After having reviewed the problem of eligibility, two areas of procedure become evident, as noted below.

Those Already Having Insurance:

The Administrator of the Plans has already cross-matched current insurance files to membership listings of the CDA, ODA, and QDSA. The files of the individuals were coded to indicate that they were eligible for participation by virtue of their membership verification.

Those files not so coded, represent those having insurance coverage who, by virtue of non-verification of membership, technically are not eligible to participate in the plans.

These names and addresses should be obtained from the system in the form of labels, and a registered letter should be sent to each individual in October. The general contents of this letter should indicate that, in order to be eligible for insurance renewal and coverage in the coming year, the individual must be a member of his provincial or national association for the preceding year. It should be noted in the letter that continuing eligibility is contingent on membership. The letter would also note that the membership records had been examined and their name had not appeared. They should be asked to provide written confirmation to the Administrator as soon as possible of valid membership in the appropriate Association.

The Administrator's computer facilities should be altered, so that on invoices to members coded as eligible, a printout appears stating "membership in provincial/national association required for renewal/participation". Only those invoices of individuals who are not coded as eligible, would not have this appearing on their invoice, and their invoices would be run separately from any others.

When the first quarter invoices are sent out, those not containing this statement, representing the non-eligible, would receive a further registered letter indicating that unless membership verification is returned with the payment, the renewal will not be processed.

CDSPI will be instructed in their office not to process any payments for renewals that are accompanied by an invoice not showing the membership qualification statement on the invoice. These invoices will have to be checked on an individual basis with the Administrator if received, to determine if in fact membership status has changed since the invoice was processed.

Presumably, after the current ineligible individuals are dealt with, this security system for possible individuals getting through the system as ineligible, would be caught when invoices were prepared.

The letters referred to above would be drafted at CDSPI, but reviewed as to legalities by the solicitors of CDSPI.

Eligibility - New Applications:

Currently, CDSPI is implementing a system where all applications, when received in the office are checked to the membership listing of the CDA.

If the name of the individual is not found in that listing, the CDSPI office contacts the CDA and inquires as to membership status of that individual. If status cannot be confirmed, and the individual is in either Ontario or Quebec, the provincial organization is contacted. If status is still not confirmed, the individual is contacted and asked to provide confirmation of membership so that the application may be processed.

It is felt that the above procedures would handle both the ineligible individuals currently in the system as well as prevent further ineligible individuals from participating in the Plans, as well as providing a safeguard whereby the files can periodically be checked to determine if such individuals have, in error, slipped into the system.

Actions:

When it is determined that a participant having coverage is not a member of a Provincial Association or the CDA, that participant will be sent a registered letter stating that coverage will be terminated unless proof of membership is received within 15 days.

Maintenance:

In order to properly maintain the computer codings regarding membership, it would be necessary for the ODA, QDA and CDA to inform CDSPI in writing on a regular basis of membership termination.

LEGAL EXPENSE INSURANCE

Corporate Member	Reply Rec'd	Comments
Alberta Dental Assoc.	29/12/80	<u>In favour</u> - but should be optional so that only those interested pay premiums
College of Dental Surgeons of British Columbia	15/12/80	Mixed reactions- coverage not tied to any other plan and coverage be self-supporting from premiums
Manitoba Dental Assoc.	4/2/81	<u>In favour</u> - insurance to cover professional competence. Should be handled in manner consistent with other professional organizations.
New Brunswick Dental Society	2/2/21	<u>In favour</u> - Optional basis only.
Newfoundland Dental Association	26/1/81	<u>In favour</u> - should be investigated by CDSPI
Nova Scotia Dental Association	5/1/81	<u>In favour</u> - but require further information before final decision
Dental Association of Prince Edward Island	25/2/81	<u>In favour</u> - should be part of CDSPI coverage. Should be payable only if dentist is proven innocent.
Assoc. des chirurgiens Dentistes du Quebec	None to date	
College of Dental Surgeons of Saskatchewan	2/2/81	Neutral - Assoc.'s position could be subject to criticism where a member is before disciplinary board - acknowledges success of medical profession's plan.
National Defence	11/12/80	<u>Not required</u> as a result of special circumstances unique to the Armed Forces
Ontario Dental Association		The ODA recommends that there may be some interest from the Ontario Dentists and the CDA are requested to pursue this matter.

APPENDIX "B"

page 1 of 11

APPLICATION ACTIVITY - FIRST QUARTER

	<u>1980</u>	<u>1981</u>
Number of requests for insurance	689	780
Total premium	305,726	300,412
Number of Life Insurance applications	225	282
Average of Life Insurance applications	114,000	86,000
Number of L.T.D. applications	324	387
Average of L.T.D. certificate	1,675	1,489
Number of Office Overhead applications	223	200
Average of Office Overhead Expenses Certificate	2,324	2,100
Number of Office Contents applications	133	120
Average Office Contents Certificate	51,000	48,000
Number of Earning applications	88	101
Number of General Liability applications	94	88
Number of Malpractice applications	139	134

More people applied for Life Insurance and Long Term Disability Insurance in the first quarter of 1981 compared to the same period in 1980. However, the average size of the applications was lower. There are several reasons for this. First of all, those who are adding to their insurance are increasing coverage by relatively small amounts. Secondly, we have attracted quite a number of new participants to the Program and some of these people are already insured outside the Plan.

As our Promotion for 1981 comes into play, the application activity should see an improvement in the total premium as well as average size coverage by line.

Comparison of Life Insurance
Offered by The Canadian Dentists Insurance Program and
The Alumni of the University of Western Ontario

APPENDIX "C"

Annual Premium per 1,000

<u>A.U.W.O.</u>			<u>C.D.I.P.</u>	
	<u>Male</u>	<u>Female</u>		<u>Male or Female</u>
Under 30	1.44	1.08	Under 25	.95
30-34	1.68	1.28	25-29	1.08
35-39	2.20	1.60	30-34	1.26
40-44	3.32	2.40	35-39	1.59
45-49	5.20	3.60	40-44	2.31
50-54	7.60	5.20	45-49	3.73
55-59	11.20	8.00	50-54	5.96
60	11.20	8.88	55-59	7.44
61	12.44	10.00	60-64	11.96
62	14.00	11.43		
63	16.00	13.33		
64	18.66	16.00		
65	22.40	20.00	65-69	25.20
66	28.00	26.66	70-74	50.40
67	37.33	40.00	75-79	100.80
68	56.00	80.00		
69	112.00			

Reduction formula comes into play
at age 65.

NOTE

"Short Cut" offer ends May 31, 1981.
Up to 2 units of 25,000 each
offered on a short form evidence
basis.

The Alumni Plan makes Life Insurance
coverage of up to 200,000 available
upon approval of full medical
evidence.

CDIP plan uses one rate for male or
female participants.

Coverage maximum 330,000

Insurance to age 80.

Comparison of Life Insurance Benefits
Offered by The Canadian Dentists Insurance Program and
The Graduates Society of McGill University

Annual Premium per 1,000

<u>G.S.M.U.</u>		<u>C.D.I.P.</u>	
AGE	PREMIUM	AGE	PREMIUM
Under 25	1.66	Under 25	.95
25-29	1.74	25-29	1.08
30-34	1.94	30-34	1.26
35-39	2.58	35-39	1.59
40-44	3.96	40-44	2.31
45-49	6.28	45-49	3.73
50-54	9.94	50-54	5.96
55-59	15.60	55-59	7.44
60-64	18.88	60-64	11.96
65-69	22.04	65-69	25.20
		70-74	50.40
		75-79	100.80
Coverage reduces by 50% at age 65 and terminates at age 70.		Reduction formula comes into play at age 65. Coverage available to age 80.	

Appendix "E"

INSURANCE & THE CANADIAN DENTAL HYGIENISTS' ASSOCIATION

In May of 1980, a dentist sent a brochure with the heading "Special Long Term Disability Program" for members of the C.D.H.A. The brochure identified Mutual of Omaha as the insurer with Ronald A. Berry - Consultant. A similar brochure for the Canadian Dental Nurses & Assistants Association was also referred to us.

After examining the material a Bulletin was issued to each Provincial Chairman stating that, in our view, coverage under the C.D.I.P. was superior. In some Provinces, our findings were reported to the Profession by means of a Newsletter or published as a notice in the dental Journal for that Province.

During this period, at least two telephone conversations took place with Mrs. Bailie, the President of the C.D.H.A., who felt our comments were strong and would influence some people. She also indicated that the consultant, who donated his time because his wife is a hygienist, had been asked to survey the market for the hygienist including consideration of the C.D.I.P.

In September, Mrs. Bailie approached Cyril Gallant, Director of Plans, at the C.D.A. Board of Directors meeting, complaining about the material published in Saskatchewan. She stated their plan with Mutual of Omaha had improved but she could not elaborate on these improvements. Mrs. Bailie said she would ask Mr. Berry, their Consultant, to get in touch with us.

A month later, Cyril Gallant called Mrs. Bailie to say that no word has been received from the Consultant. On November 6th, a letter from Mr. Berry addressed to Cyril Gallant was received. On November 12th, a letter was mailed to Mr. Berry asking for 2 copies of the current brochure for the C.D.H.A. as well as the C.D.N.A. & A. programs. The letter also stated we would be pleased to notify our people of changes referred to by Mrs. Bailie.

Mr. Berry chose not to reply to our communication and nothing more has been received from Mrs. Bailie.

From time to time, we will get a call from a hygienist or a dentist requesting information about the Mutual of Omaha Plan vs the Canadian Dentists' Insurance Program.

CJG/jo

June 3, 1981

CONSTITUTION AND BY-LAWS

REPORT OF THE CDA COUNCIL ON CONSTITUTION AND BY-LAWS TO THE 1981 ANNUAL BOARD

Members: Dr. W. Heaslip, Toronto, Chairman
Dr. G. Anthony, Newfoundland
Dr. D. MacDougall, British Columbia
Dr. M.P. Tenenbaum, Quebec

Dr. J.W. MacKay, Saskatchewan, Executive Liaison

Council Meetings

Council has not met since the 1981 Interim Board meeting.

Items for Information - Not Requiring Board Action

Amendments to the By-Laws have been suggested by the Executive Council, Management Committee, Councils and Specialty Sections related to the following:

- a) Article V, Section 4 - Honorary Members
- b) Article IX, Section 3 - Vacancy - President
- c) Article IX, Section 7 - Terms of Reference - Management Committee
- d) Article XI, Section 6 - Vacancy - Executive Council
- e) Article XI, Section 8 - Addition - Distinguished Service Award
- f) Article XIV, Section 4 - Certificates of Merit
- g) Article XIV, Section 4 - Terms of Reference - Insurance & Investment
- h) Article XIV, Section 4 - Terms of Reference - Council on Education
- i) Article XV, Section 1 - Definition of Sections and Groups

An additional direction was received from the floor that the Council on Constitution and By-Laws look into the matter of re-election of individuals who have been nominated by corporate members.

The above are some of the items that will be considered by the Council at its next meeting. Following review of the present Constitution and By-Laws, a revision will be forwarded to the Executive Council, and subsequently the Board of Governors for final approval.

Respectfully submitted,

W. Heaslip, Chairman
Council on Constitution
& By-Laws

ADOPTION OF REPORT

The Board accepts as information the Report of the Council on Constitution and By-Laws and expresses special thanks to Dr. Heaslip for his diligence as Chairman of the Council over the past six years.

DENTAL MATERIALS & DEVICES

REPORT OF THE CDA COUNCIL ON DENTAL MATERIALS AND DEVICES TO THE 1981 ANNUAL BOARD OF GOVERNORS

- Members: Dr. R.Y. Barolet, Quebec City, Chairman
Dr. P.C. Desautels, Montreal
Dr. D. Gau, Edmonton
Dr. L.J. Gourley, Saskatoon
Dr. L.N. Johnson, London
Dr. D.W. Jones, Halifax
Dr. P.T. Williams, Winnipeg
- Dr. D.L. Thompson, Executive Liaison
- Observers/
Guests Dr. P. Blais, Health Protection Branch, Health & Welfare
Dr. D. Beech, Australian Dental Standards Laboratories
Dr. D. Smith, Advisory Committee on Dental Devices
Dr. T. Walker, Canadian Standards Association (presentation)
- CDA Staff: Mr. H.E. Drouin, Executive Director
Mrs. P. Cunningham, Council Secretary

Council Meeting

1. One meeting of the Council was held at the Ottawa headquarters on May 22, 1981, since the 1981 Interim Board of Governors meeting.

Business Requiring Board Action

2. CDRF Award

All graduate students eligible for the CDRF Award were contacted personally by letter to inform them of the rules to be followed for submission of papers and awarding of the prize. Only one entry was received this year.

Comments received from the referees indicated that this submission was of sufficiently high quality to merit receipt of the award and

RESOLVED:

That Dr. J.L. Berger be the recipient of the 1981 CDRF Award for his paper entitled "A Study to Investigate the Effect of Two Different Ligation Systems on Tooth Movement in Macaca Cynomolgus"; and further

That the CDRF Institutional Trophy be awarded to the Orthodontics Department, Dental Faculty of the University of Toronto for 1981.

DENTAL MATERIALS AND DEVICES

Business Requiring Board Action - continued

CSA Technical Committee on Dentistry

4. Dr. T. Walker of the Canadian Standards Association made an oral presentation to the Council for the purpose of obtaining financial support from the CDA for continuation of work on the preparation of Canadian standards.
5. The Technical Committee on Dentistry, which comprises most of the members of CDA's Council on Dental Materials and Devices, is actively involved presently in the preparation of standards for dental products and ultimately this would lead to dental testing and certification programs for materials, and informing the dental profession as to what materials have been certified by this mechanism.
6. Support of the CDA is particularly important so that this program may continue. CSA has, due to lack of funding, advised Dr. Walker that no further work can be carried out at CSA until additional monies are secured. Dr. Walker advised that a grant of \$12,000 per year for the next three years should be sufficient to ensure that the programs are continued in this field, and at the same time this would buy time to try and find suitable financial sponsors for this work.
7. **RESOLVED:**

That the CDA assist in the continuation of these efforts by:

- 1) providing Standards Resource Support to the CSA, in the amount of \$12,000 per annum for each of the fiscal years, 1981-82, 1982-83, and 1983-84; and*
- 2) assisting CSA to vigorously pursue other sources of support for this work (e.g. provincial ministries of health, insurers); and*
- 3) endorsing the development of a program to test and certify dental products against these standards and to communicate information regarding which products are certified to the membership of the CDA.*

The Board agreed with the recommendations set forth, with the following amendments:

- 1) providing Standards Resource Support to the CSA, in the amount of \$12,000 per annum for the fiscal year 1981-82;*
and the addition of:
- 4) that a status report be submitted to the CDA with regard to the success in obtaining alternate funding.*

ADOPTED

8. Advisory Committee on Medical Devices, Health and Welfare

Dr. Dennis Smith was invited to attend the meeting to give a summary of discussions held on the Advisory Committee on Medical Devices since the Committee's inception.

DENTAL MATERIALS AND DEVICES

Business Requiring Board Action

Advisory Committee on Medical Devices - continued

9. Dr. Smith was delegated by the CDA three years ago to attend the meetings of the Committee. Five meetings have taken place since the Committee was formed and Dr. Smith was able to attend the last two of these meetings only.
10. The role of the Committee is to advise the Assistant Deputy Minister on the establishment of priorities on medical devices classification regarding evaluation and regulatory control. The assessment of risk of hazards for high priority devices, review of present medical devices programs and development of new areas of research for medical devices are among the terms of reference of the Committee.
11. One of the main recommendations that has come out of these meetings has been to appoint a dental consultant within the Bureau of Medical Devices. At the present time, no dentist is involved in this program and work on dental products is done on a "hit and miss" basis only. This recommendation has obviously come from Dr. Smith's efforts on the Committee and his presence is obviously worthwhile for our profession.
12. Since Dr. Smith does not have a formal involvement with the CDA at this time,

RESOLVED:

That the membership of the Council on Dental Materials and Devices be increased to eight members, and that Dr. Dennis Smith be invited to become a member of this Council to liaise between the CDA and the Advisory Committee on Medical Devices, Health & Welfare.

ADOPTED

- N.B. The above appointment was confirmed in the report of the Executive Council.

Items for Board Information

13. ISO - TC 106

The next meeting of the ISO Committee on Dentistry will be held in Pretoria, South Africa in September, 1981. Six members of the Council will be attending this meeting as Canadian delegates from the Standards Council of Canada.

14. At the next Annual Meeting of the Standards Committee, a new chairman will be elected, and the Canadian delegation will be proposing Dr. D. Smith for election as new chairman of the Technical Committee of the ISO.

DENTAL MATERIALS AND DEVICES

Items for Information - Not Requiring Board Action

15. Mercury Contamination

Dr. Derek Jones has been preparing the testing program for mercury contamination, and it is anticipated that preliminary data collection will take place beginning in July of this year. At present, visits to dental offices are being scheduled in cooperation with the various licensing bodies in the Maritimes.

16. No funds from the \$2,000 granted to Dr. Jones at the last Interim Board meeting have as yet been spent. These expenditures will begin in July.

Status Reports

17. Three draft status reports are being circulated among members of Council for comments, and the final reports should be published in the upcoming year. The titles of these documents are:
- 1) Dental Ceramics
 - 2) Veneering Materials
 - 3) Denture Soft Liners

Respectfully submitted

R.Y. Barolet, Chairman
Council on Dental Materials
& Devices

ADOPTION OF REPORT

The Board accepts the Report of the Council on Dental Materials and Devices with thanks.



Canadian Standards Association

178 Rexdale Boulevard, Rexdale, Ontario, Canada, M9W 1R3

Association Canadienne de Normalisation

Telex 06-989344 / Cable Canstan

Standards Division

(416) 744-4375

June 3, 1981

JUN 8 - 1981

Mr. H. Drouin
Executive Director,
Canadian Dental Association
1815 Alta Vista Drive,
Ottawa, Ontario
K1G 3Y6

Dear Mr. Drouin;

Enclosed please find copies for your Executive Council of a summary of CSA's proposal to the CDA. I would like to emphasize that this is a proposal and that we would welcome Council's input as to how the plan could be modified to function more effectively.

One point to which the Executive may wish to give serious consideration is the proposed use of the CDA logo to identify certified products. We suggest this because we feel that your mark would receive instant recognition from dentists whereas the value of the CSA mark in this field might be questioned.

If you or Dr. Thompson would like to discuss this proposal, I will be in my office on June 22, 24 and 25. My secretary can arrange for me to contact you between June 9 and June 19, if that should become necessary.

Best regards,

T. W. Walker, Ph. D., P. Eng.
Senior Administrator
Health Care Technology Program

TWW:sr

Background Information to
support Recommendation
of the Council on Dental
Materials and Devices regarding
the Development of a Program
of Standards and Certification
of Dental Products

Canada's dentists are seeking assistance.

The members of the Council on Dental Materials and Devices, and CDA staff regularly receive inquiries from practitioners asking whether they should use new material or whether a new toothbrush is as good as its manufacturer claims. At present, the only answer they can be given is a personal opinion. More information must be made available, particularly at this time when costs are escalating so rapidly. Rising costs place pressure on the dentist to adopt the products which cost least. Pricing information is readily available. Information as to quality, against which to weigh the cost factor, is not.

Not all materials are safe for their intended use..

Contrary to popular belief, a dental material need not be proven safe before it can be marketed. Staff of the Bureau of Medical Devices, which regulates the sale of such products, have repeatedly pointed out that the Bureau has no mandate to approve them. The Bureau can only search out items that may reasonably be considered a hazard, and have them withdrawn from the market.

Not all materials give adequate performance.

If the Bureau of Medical Devices can only act in matters of safety after the fact, its powers regarding the question of efficacy are even less. In the case of a material whose performance is considered inadequate, the Bureau must demonstrate that recognized Standards are not met. At present, there are few Canadian Standards for dental materials. The Bureau must rely on International (ISO) and American (ADA) Standards, which are open to challenge because of their non-Canadian origin.

One instrument is not necessarily the same as the next.

Dentists currently have no guarantee that endodontic reamers made by two manufacturers have the same dimensions, the same tolerances or the same colour codes for size identification. One manufacturer's burs need not fit another's handpiece. Again, there are International and American Standards, but there is no-one in Canada to enforce them.

A program to develop Canadian Standards and to certify dental material (materials, instruments and other products) against them is urgently needed. The groundwork for such a program has already been laid.

In 1972, the CDA formed the Council on Dental Materials and Devices, giving to this group the responsibility for representing the viewpoint of the Canadian Dental Profession in the development of International Standards. In 1976, the CDA asked the Canadian

Standards Association to form a Technical Committee on Dentistry in order to adapt these ISO documents to the Canadian scene and to give them formal recognition as National Standards of Canada.

This CSA Committee, which reports to the Steering Committee on Health Care Technology, has been very active, and since its formation has published six National Standards (see Table 1), with plans to publish two more, plus a second supplement to the Terminology standard in the current year.

The services, facilities and expertise of the Canadian Standards Association are available.

The CSA is the oldest and largest Standards Writing Organization in Canada. It is also one of the oldest and largest Certification Agencies in the world. This is not to say that the CDA could not develop the necessary Standards Writing and Certification programs without CSA involvement. Nothing could be further from the truth. CSA's experience, however, gained through more than 60 years of operation, would help greatly to give the program a "running start" avoiding the legal pitfalls inherent in operations of this type.

A Proposed Plan for the implementation of this Program has been developed. It consists of three parts,

1) Preparation of Standards

As previously mentioned, there is already a CSA Technical Committee in operation. Its output to date is listed in Table 1.

The Committee has a membership matrix designed to ensure that all interests affected by the Standards to be written are fairly represented. This is the basic principle in the development of Consensus Standards. The matrix of the Committee on Dentistry includes:

- i) six members of the CDA Council on Dental Materials and Devices;
- ii) one representative of the Department of National Defence, Dental Services;
- iii) one representative of the Bureau of Medical Devices, Health and Welfare Canada;
- iv) one representative of Health Services and Promotion Branch, Health and Welfare Canada;
- v) four representatives of manufacturers;
- vi) one representative of the CDHA;
- vii) one representative of the Denturist's Society;
- viii) one representative of the Dental Laboratory Conference;
- ix) one representative of the Consumer's Association of Canada.

The CSA provides the Secretariat for the Committee, organizing and recording meetings, assembling information, and editing and printing Standards.

The Committee has drafted a program for future work, as described in Table 2. This is based in part on maintaining CSA staff involvement at its current level. Work could proceed more quickly if additional funds were available.

2) Testing and Certification

Applications for Certification could be processed through CSA's head office, which would take responsibility for records-keeping and legal and financial arrangements with submitters. Tests could be performed by laboratories which now exist in Canadian Universities, minimizing the capital cost involved in establishing this program.

Once testing was completed and a material had been shown to conform to the appropriate Standard, its name would be added to the List of Certified Dental Material and the manufacturer would be permitted to use the CDA logo subject to strict contractual agreement, as a readily understood mark of compliance.

3) Publication

The manufacturer's use of the CDA logo is one way of informing the dentist as to what products meet the recognized Standards. It is also proposed that the CDA publish, at regular intervals, an up-to-date list of approved material. This would be compiled by the CSA and provided to the CDA for publication.

The financial details of this program have been summarized in Table 3.

The costs of the Publication portion of the plan have not been considered. This function can probably be accomplished quite economically via the Canadian Dental Journal.

The Testing and Certification phase of the operation would be run on a strict cost recovery basis, that is all costs for testing, processing the application, etc. would be passed on directly to the submitter.

There are now some 800 dental products marketed in Canada. Realistically, we can anticipate roughly 100 of these to be certified. The cost of this to the manufacturers (and ultimately to the public) would be approximately \$200,000, or about 0.5% of the total annual sales of these products. Part of this expenditure would be directed toward the support of Standards-writing activities.

The CSA does not now have the funds to underwrite the costs of preparing dental standards.

The CSA is a not-for-profit organization, meaning that it is expected to operate on a balanced annual budget. This principle has been extended by the Association's Board of Directors to the individual Steering

Committees, which are required to balance their own budgets. Transfer of a surplus from one Committee to cover the deficit of another is not permitted.

The Steering Committee on Health Care Technology receives considerable support from the provincial ministries of health. This comes, however, through the various health insurance plans, whose terms of reference deal only with the traditional, institution-based, concept of health care delivery. These funds, therefore, cannot be directed to the development of standards in several areas of health care which do not deal directly with the operation of hospitals. This includes the work of the Committee on Dentistry.

Because of this lack of funding, a deficit of some \$15,000 has accumulated. The CDA is asked to provide support in the order of \$12,000 per year for three years to continue the work of the Committee on Dentistry at its current rate, and to eliminate the accrued deficit. This would take the form of a Standards Resource Support program as explained in the accompanying brochure. Note that this assumes that, starting in the current fiscal year, the CSA will assume the cost of Committee Member travel to and from meetings now borne by the CDA, which amounts to some \$3,600 per year.

This funding arrangement does not seem to be an equitable one. There are at least three other interest groups which stand to benefit from this program; namely;

- a) Manufacturers (because the program will tend to eliminate from the marketplace, competitors who do not maintain the quality of their product in order to achieve a price advantage);
- b) Insurers (because the program will give them added assurance that the procedures for which they pay, are carried out to the highest possible standards); and
- c) Provincial & Federal Governments (because as representatives of the Canadian Public, they stand to benefit from any improvement in dental care accruing from this program).

The CSA and the CDA together, should approach these three groups in order to distribute costs more fairly and to increase the total funding available so that the program may proceed more quickly.

Table 1

Published CSA Standards in the field
of Dentistry

CAN3-Z349.1 - 79	Dental Terminology and Definitions/Dentisterie Terminologie et definitions
CAN3-Z349.2 - M79	Dental Burs and Cutters - Fitting Dimensions
CAN3-Z349.3 - M81	Dental Mercury
CAN3-Z349.4 - M80	Dental Inlay Casting Wax
CAN3-Z349.5 - M80	Dental Casting Gold Alloys
CAN3-Z349.9 - 80	Tooth Designation for Dental Purposes - Two digit System

Table 2 : Standards Development Forecast - Technical Committee on Dentistry

Standard Number	Title	Estimated Completion Date	Cost in 1981/82	Cost in 1982/83	Cost in 1983/84
2349.6	Alginate Dental Impression Material	81-10	1,527	0	0
2349.16	Alloys for Dental Amalgam	81-12	2,400	0	0
2349.1, supp. 2	Dental Terminology & Definitions (2nd supplement)	82/01	4,385	0	0
2349.8	Synthetic Resin Teeth	1982/83	0	3,104	0
2349.7	Denture Base Resin	1982/83	0	3,104	0
2349.10	Zinc Oxide/Eugenol Materials	1983/84	0	0	3,476
2349.11	Tooth Brushes	1983/84	0	3,104	3,476
2349.2 (2nd Ed)	Dental Burs & Cutters - Fitting Dimensions and Mechanical Properties	1984/85	0	0	3,476
TOTAL			\$ 8,312	\$ 9,312	\$ 10,428

Table 2 (cont'd)

Standards Development Forecast - Technical Committee
on Dentistry

- Dental Cements (including Zinc phosphate, silicate, silicophosphate, polycarboxylate, glassionomer)
- Resin - based filling materials
- Root canal instruments
- Elastomeric Impression Materials
- Porcelain Teeth
- Base Metal Casting Alloys
- Porcelain Powders
- Gypsum Products
- Dental Handpieces - coupling dimensions
- Root canal sealers and obturating points
- Gold casting investments
- Hand Instruments - Mechanical Properties
- Dental Needles for Single Use
- Mechanical Dental Amalgamators
- Dental Units
- Patient Chairs
- Operator's Stool
- Pit and Fissure Sealants

COUNCIL ON EDUCATION

REPORT OF THE CDA COUNCIL ON EDUCATION TO THE 1981 CDA BOARD OF GOVERNORS

Council Members: D.J. Yeo, Vancouver, Council Chairman
N.H. Andrews, Halifax
I.C. Bennett, Halifax
K.C. Bentley, Montreal
M. Jahjah, Montreal
C.L.B. Lavelle, Winnipeg
N.J. Layton, Truro
Ms. M. Miller, Winnipeg
G.W. Myers, Edmonton
A. Osborn, Winnipeg
Ms. M. Paquin, Vancouver
G.H. Peacock, Saskatoon (absent)
E.J. Rajczak, Hamilton
D.L. Tomkins, Toronto

Executive Liaison: W.R. Thompson

Also in attendance were Dean E.R. Ambrose, University of Saskatchewan; Dean A. Schwartz, University of Manitoba; Dr. G. Kravis, National Dental Examining Board; Dr. W. Teteruck, Chairman, DAT Committee; Dr. R.Y. Barolet, President, ACFD/AFDC. Council was especially pleased to welcome Dr. Robert Pollock, Secretary, Council on Dental Education, American Dental Association.

1. Council Meeting

The Council on Education met on May 1 and 2, 1981, in Ottawa. Immediately preceding this meeting Committee 2 met on April 30 and Committee 1 met on the morning of May 1. A closed session of the Council was held on the afternoon of May 1 and the open meeting was held all day on May 2.

Committee #1 - Membership:

K.C. Bentley, Chairman
N.H. Andrews
I.C. Bennett
M. Jahjah
C.L.B. Lavelle
N.J. Layton
A. Osborn
G.H. Peacock (absent)
D.J. Yeo

COUNCIL ON EDUCATION

Committee #2 - Membership:

E.J. Rajczak, Chairman
M. Miller
G.W. Myers
M. Paquin
L. Tomkins
D.J. Yeo

Committee #3 - Dental Admissions Test Committee - Membership:

W.R. Teteruck, Chairman
I.C. Bennett
M. Boyd
G.W. Thompson
J.W. Graham - Consultant
J. Krupka - Consultant

2. Items of Business to be Discussed

- (1) At the 1980 meeting of the Board of Governors the following resolution was adopted:

That the accreditation program as it relates to the licensing body be referred and reviewed by the Council on Education and brought back to the Board meeting.

This resolution resulted from discussions led by delegates from the Province of Quebec who voiced objection to the Council on Education sending survey teams to Dental Hygiene programs in Quebec and to the Canadian Dental Association giving approval status to these programs when they teach intra-oral procedures not approved by the dental profession in that province.

Because of previous problems encountered with the accreditation of proprietary programs, members of Council feel that the Council cannot refuse any request for a site visit from any institution in any province. In addition, any program which is not surveyed and given accreditation status graduates hygienists who have no national portability -- a situation extremely unfair to the students.

COUNCIL ON EDUCATION

RESOLVED:

THAT no action be taken at this time regarding a change in accreditation for Dental Hygiene programs in Quebec, and that Executive Council seek legal advice to find if, in fact, any change can legally be made.

ADOPTED

MOTION FROM THE FLOOR

RESOLVED:

THAT CDA hold a moratorium for the Province of Quebec on dental hygiene programs.

ADOPTED

(2) Dental Admissions Test Committee

An extensive report was received from Dr. W. Teteruck, Chairman of this Committee (Appendix 1). The recommendations contained in the report were approved and the budget has been included in the overall Council budget (Appendix 2).

RESOLVED:

THAT reference to special testing be deleted from the DAT brochure and continue to be made available in certain circumstances.

ADOPTED

RESOLVED:

THAT an honorarium for the consultant (resource person) to the DAT Interview Workshops be offered at a rate of \$300 (Canadian) per day.

ADOPTED

RESOLVED:

THAT an additional person be recruited as a consultant (resource person) to the DAT Committee to provide retraining sessions at the dental faculties, and that Miss Linda Graham be considered for this position.

ADOPTED

Chairman of Council thanked the Committee Chairman for a very comprehensive report. He thanked Dr. Teteruck personally for the dedicated way with which he had led this Committee for the past nine years, noting that his third term expires this year.

COUNCIL ON EDUCATION

At the same time, the Chairman requested Dr. Teteruck to convey Council's thanks to all members of his Committee.

(3) Continuing Education

Last year the Ad Hoc Committee became a Committee of the Council on Education and Council was asked to prepare terms of reference and budgetary requirements for this Committee.

Terms of reference as submitted by Dr. M. Williamson and as amended and approved by Council are adopted as follows:

RESOLVED:

1. *The Committee on Continuing Education (hereinafter referred to as "the Committee") shall be a standing committee of the Council on Education and shall report to and be responsible to the Chairman of that Council.*
2. *The membership of the Committee shall consist of four members of the Canadian Dental Association who shall be appointed by Council for four year staggered terms.*
3. *Initially the Chairman of the Committee shall be appointed by Council for a four-year term. The other members to be appointed for terms of three years, two years and one year respectively.*
4. *The Committee shall have the following responsibilities:*
 - a. *To consider the roles of the C.D.A. in continuing education and to make recommendations to Council on matters pertaining to those roles.*
 - b. *To assist Council in implementing such recommendations.*
 - c. *To undertake such studies, programs and projects, as it may deem necessary, and as may be approved by Council in order to assist the C.D.A. in determining and fulfilling its roles in continuing education.*
5. *The Committee shall meet at least annually to accomplish the purposes specified in 1.*

ADOPTED

COUNCIL ON EDUCATION

The budgetary requirements are included in the Council budget (Appendix 2).

(4) Teaching Conference

It is recommended that the subject of the Teaching Conference for 1982 be: Teaching of Oral Pathology in the Undergraduate Dental Curriculum and that the Chairman will be named.

(5) National Dental Examining Board

The report of the National Dental Examining Board was received and Dr. Layton responded to a considerable number of questions posed by members of Council. Later, Dr. Layton requested consideration of the possibility of allowing the Registrar to attend an undergraduate accreditation survey as an observer. The reason for this request is to enable the Board to be in a position to answer questions which may be asked by their survey team appointees and with proper answers and instructions these individuals should be able to function more effectively as surveyors.

RESOLVED:

THAT the Registrar of the NDEB be permitted to attend one undergraduate survey as an observer at the expense of the NDEB.

ADOPTED

(6) Budget

A budget for the forthcoming year was presented (Appendix 2). However, a number of survey requests were received at the last minute and after preparation of the budget so Council approved the budget as follows:

That the proposed budget for 1981/82 be adopted and that the administrative staff revise this budget to permit the inclusion of surveys to additional institutions which have requested such surveys and any other matters which are deemed appropriate.

NOTE: This item was previously carried in the approved 1982 budget (see Executive Council Report).

COUNCIL ON EDUCATION

(7) C.D.A. Conference on Priorities

Recommendations pertinent to the Council on Education from the Task Group of the Conference on Priorities were discussed by Council resulting in the following comments:

1. All dental undergraduate, graduate, postgraduate and auxiliary teaching programs and hospital dental services be subject to the accreditation process.

Members of Council feel that this recommendation is trying to make accreditation mandatory and at the moment we only accredit schools that invite us to do so. Council members felt that accreditation should not be mandatory; that we can't tell dental schools they must have us come in on accreditation survey visits, and the process should remain voluntary. Programs which should be accredited should be restricted to those that we visit now. The sweeping statement that is made in Recommendation I sounds like it might involve denturists, dental nurses, etc., because they are all dental teaching programs. In summary, our comments concerning the first recommendation are:

1. Accreditation process should be voluntary and not mandatory.
2. We do not feel that we can make any comments concerning hospital dental services.

Executive Council agrees.

2. The CDA develop an accreditation program to evaluate the dental services of mental, penal and geriatric care institutions.

Refers only to hospital services and Council on Education offers no comment.

Executive Council agrees.

3. Government be invited to appoint a person to sit on the Council on Education so that government will be informed, but there should not be a request for funding from government.

Members are generally in favour but feel that this should not be done at Council level. It should be done at Board level if it is done at all.

Executive Council agrees and notes this is being done.

COUNCIL ON EDUCATION

C.D.A. Conference on Priorities - cont'd.

4. The institutions being evaluated for accreditation, the licensing bodies and the CDA should pay for the service.

This is what happens now and in addition the NDEB assists in payment.

Executive Council agrees.

5. The licensing bodies have greater representation on the appropriate councils of CDA which deal with accreditation.

Council members feel that the whole makeup of the Council on Education had been changed just last year to allow for better representation and that representation on Council presently is adequate; we should try it for a while to see how it works. There was some feeling that, rather than having greater representation on Council, the licensing bodies should have better representation at the survey level of dental teaching programs.

Executive Council agrees and comments that improved representation of the licensing bodies at the survey level has been instituted.

6. The CDA join the CCHA for the purpose of Hospital Dental Services accreditation.

No relationship with the Council on Education.

Executive Council agrees.

7. The institutions being evaluated for accreditation and the appropriate Provincial Licensing Body receive the reports of the Accreditation Committee from the appropriate Councils of the CDA.

Members of Council do not think that this is a good idea and they feel that we should keep our policy the same as it is, i.e., a copy of the report is sent to the Dean of the dental school and another copy is sent to the President of the University. These are confidential reports and if the Dean of the dental school wants to share it with the licensing body then he is completely free to do so. However, we do not think that the

Council should send a report to the licensing body directly. It should be kept as a local matter and not made national policy that reports automatically go to the licensing body.

Executive Council agrees.

COUNCIL ON EDUCATION

C.D.A. Conference on Priorities - cont'd

8. A graduate of any program accredited by CDA should have portability within Canada.

Council members agreed this was a good principle but because licensing is a provincial matter this recommendation really becomes a prerogative of the licensing body.

Executive Council agrees.

9. The method of accreditation continue to assure reciprocity with the ADA.

Members of Council on Education agreed completely with this recommendation and hope indeed that reciprocity will continue.

Executive Council agrees.

10. Whereas accreditation has a high priority within CDA, it is recommended that the actual costs of accreditation be provided to the Board of Governors on an annual basis.

Members of Council on Education agree with this recommendation.

Executive Council agrees and notes this is being done.

BOARD OF GOVERNORS COMMENT: The Board of Governors is in agreement with the comments of its Executive Council.

(8) Survey Team Membership

Following discussion of a report provided by the Director of Accreditation following his visit to the dental school at the University of Maryland in Baltimore as an observer on a survey team, Council recommended the following.

RESOLVED:

THAT an appointee of the Provincial licensing Board be added to the regular survey teams for undergraduate and graduate/postgraduate programs in its respective area with expenses incurred to be borne by the respective board and the appointee to be determined in accordance with the existing guidelines for selection of survey team members.

COUNCIL ON EDUCATION

Committee No.2 brought forward to Council a suggestion that dental assistants should be used as members of the survey team when dental assisting programs are being surveyed. In the past it has been practice to use dental hygienists for such surveys. It was pointed out that there are a number of well qualified dental assistants available, many of whom have dental hygiene training as well, who would function effectively as surveyors. The following recommendation was put forward and passed.

RESOLVED:

THAT Council give consideration to include a dental assistant on the accreditation teams surveying dental assisting programs.

ADOPTED

(9) Career Options System

It was reported that the interim meeting of the Board of Governors directed that the Career Options System not be pursued at the time. Consequently, the committee formed by Council last year to develop guidelines for this system has been disbanded.

(10) Dental Assisting - Independent Study Programs

The Northern Alberta Institute of Technology has requested an accreditation survey of its Independent Study Program. This request generated considerable discussion as Council has not been directed to conduct such surveys and pertinent guidelines do not exist.

RESOLVED:

THAT applications for accreditation of Independent Study Programs be accepted from institutions having approved dental assisting programs.

ADOPTED

RESOLVED:

THAT a fee of at least \$1,000 for an accreditation survey of an Independent Study Program be assessed.

ADOPTED

COUNCIL ON EDUCATION

RESOLVED:

WHEREAS Canadian Dental Association Council on Education guidelines for accreditation of Independent Study Programs have not yet been formulated;

THAT the guidelines developed by the American Dental Association, Commission on Accreditation, as amended, be utilized for accreditation purposes until such time as the CDA Council on Education has developed its own set of guidelines for this purpose.

ADOPTED

RESOLVED:

THAT the development of guidelines for Independent Study Programs be placed on the Agenda for the 1982 meeting of Committee No. 2.

ADOPTED

(11) Accreditation Classification Nomenclature (Appendix 3)

In order to be more specific and to assist in the reciprocal arrangement with the American Dental Association, accreditation classifications were revised and reviewed with the resultant recommendation.

RESOLVED:

THAT the Board of Governors accepts the classification of accreditation status, as amended.

ADOPTED

COUNCIL ON EDUCATION

(12) Progress Reports

In order to avoid inadequate progress reports from institutions having less than Full Approval status, Council decided that some direction should be included in the documentation to indicate what information should be included in these reports.

RESOLVED:

THAT an adequate progress report should address each Recommendation and Suggestion (formerly Areas of Concern) contained in the report of the site visit.

ADOPTED

(13) Reports of the 1980/81 Surveys

RESOLVED:

THAT the following categories of Approval be awarded to dental education programs:

*University of British Columbia,
Postgraduate Program in Periodontics*

*University of Manitoba
Graduate Program in Orthodontics*

*Wascana Institute
Dental Hygiene*

*Seneca College
Dental Hygiene & Dental Assisting*

*Holland College
Dental Assisting*

*Vancouver Vocational Institute
Dental Assisting*

*College of New Caledonia
Dental Assisting*

*Okanaga College
Dental Assisting*

*Algonquin College
Dental Assisting (French & English
Programs)*

ADOPTED

COUNCIL ON EDUCATION

(14) Nominating Committee

The Nominating Committee approved the following nominees to the various committees:

Nominating Committee 1982 - G. Peacock
G. Myers

Dental Admissions Test Committee - Chairman: M. Boyd
Member: D. Banting

National Dental Examining Board - G. Myers

Continuing Education Committee - Chairman: M. Williamson
Members: M. Jahjah (3 yrs.)
D. Chaytor (2 yrs.)
W. Teteruck (1 yr.)

Teaching Conference 1982 - Chairman: To be named

The Board accepts the report of the Nominating Committee for information.

SUMMARY

Council, having one year of experience under the new format, functioned effectively and efficiently during the past year. Some confusion existed over the matter of developing guidelines for the Career Options System and definitive action had been taken with regard to a proposed conference scheduled for December. Action taken at the Interim Board meeting has now cleared this matter up.

Members of the Board will note that fewer surveys were carried out this year, especially in the area of Undergraduate and Graduate/Postgraduate programs. This is because we have now cleared up the backlog of visits and have the situation under control.

COUNCIL ON EDUCATION

A visit as an observer on an American site visit assisted our Director of Accreditation to understand their system and to make some very constructive recommendations to improve ours. The Chairman attended committee meetings of the Commission on Accreditation in Chicago and benefitted considerably from this experience. Council is grateful to the Board of Governors for making these visits possible.

We were fortunate to have the Secretary to the Council on Dental Education and the Commission on Accreditation present at our entire Council meeting. Dr. Robert Pollock's experience and advice were valuable and appreciated.

Finally, Council wishes to commend Dr. Chatwin, Director of Accreditation, and Mrs. Thora Appelt, Secretary to the Council on Education, for the vast amount of time and energy expended on behalf of Council business. We are grateful to them for the patient and positive manner with which they handle our problems and comply with our many requests.

Respectfully submitted,

D.J. Yeo, Chairman,
Council on Education.

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Education with appreciation.

REPORTDENTAL ADMISSION TEST COMMITTEECOUNCIL ON EDUCATIONCANADIAN DENTAL ASSOCIATION1980-81MEMBERS

Dr. W.R. Teteruck, Chairman, 1981 (3) *
 Dr. I.C. Bennett, 1982 (1)
 Dr. M. Boyd, 1982 (2)
 Dr. G.W. Thompson, 1983 (3)
 Dr. J. Graham, Consultant, American Dental Association
 Dr. J. Krupka, Consultant, Michigan State University
 Brig-General D. Thompson, Executive Council Liaison

* Dates indicate termination of appointment, brackets, number of terms

The Committee met twice during the 1980-81 operational year - on August 19, 1980 and December 13-14, 1980.

1. REPORT ON THE 1980-81 TEST SESSION

(a) <u>Numbers Tested</u>	(b) <u>Reports Sent to Dental Schools</u>
1966-67 - 818	1966-67 - 2,775
1967-68 - 880	1967-68 - 2,908
1968-69 - 1,099	1968-69 - 3,339
1969-70 - 1,093	1969-70 - 3,181
1970-71 - 1,242	1970-71 - 4,095
1971-72 - 1,521	1971-72 - 5,004
1972-73 - 1,912	1972-73 - 6,008
1973-74 - 2,022	1973-74 - 5,427
1974-75 - 2,346	1974-75 - 6,935
1975-76 - 2,085	1975-76 - 5,289
1976-77 - 1,730	1976-77 - 4,791
1977-78 - 1,601	1977-78 - 4,498
1978-79 - 1,506	1978-79 - 4,209
1979-80 - 1,408	1979-80 - 4,065
1980-81 - 1,530	1980-81 - 4,512
 TOTAL 22,793	 TOTAL 67,036

2. DENTAL APTITUDE TEST PROGRAM 1980-81(a) Test Numbers

During the 1980-81 academic year, the DAT Program tested 1,530 students. The previous year, the Program tested a total of 1,408 students, thus representing an 8.6% increase in applicants. It would

(a) Test Numbers (Cont'd.)

appear that this increase in number may reflect the Committee's decision to eliminate the twice-in-five year ruling.

(b) Test Content

As in previous years, the Dental Aptitude Test consisted of examinations in two basic areas - academic and manual - with the following examinations in each area:-

Academic - Reading Comprehension (English language students only)
Biology and Inorganic Chemistry

Manual - Chalk Carving, Perceptual Ability in Two Dimensions,
Perceptual Ability in Three Dimensions

The 16 Personality Factors examination was again included in the testing battery but was utilized for research purposes only and not as a criteria for admission to dental school.

(c) Testing Dates

The DAT Program tested twice during the 1980-81 academic year - on November 14/15, 1980 and March 6/7, 1981.

(d) Scoring of the Test Answer Sheets

Once again, the DAT Program utilized the service of the American Dental Association in the grading of the aptitude test. The cost of this service was \$2.75 per student (an increase of \$0.50 per applicant from the previous year), but still remained proportional to the revenue accrued from the applicants.

The volume printing of test results was done in Ottawa by Datacrown Limited at an approximate cost of \$600.00 per test session.

(e) Reporting of Scores

The manner of reporting scores to both the applicants and the dental faculties remained the same as in previous years with both groups receiving individual report forms and the school receiving a master printout of all applicants within 6 weeks of the testing date.

(f) Committee Membership

(i) Dental Admission Test Committee

Committee membership remained constant in 1980-81. The Committee was pleased to welcome Dr. Judith Krupka as a consultant to the Committee for purposes of the interview validation study.

APPENDIX 1

(i) Dental Admission Test Committee (Cont'd.)

The Committee failed to note that Dr. W.R. Teteruck's tenure on the Committee expires in 1981. In light of this fact, this matter was not discussed at any of the meetings and we therefore request the Council on Education to allow the Committee to discuss this matter at its forthcoming meeting in June 1981 and directly forward its recommendations to the Chairman of Council at that time.

(ii) Chalk Grading Team

As in previous years, a seven-member chalk grading team was retained for the efficient and effective grading of the chalk carvings. The following dental faculties are represented on the chalk grading team or as alternates: Alberta, Toronto, McGill, Montreal, Laval, Western Ontario, Dalhousie.

(g) Appeals

In light of the extensive size and composition of the Chalk Grading Committee, as well as the two-tiered method of grading the chalk carvings, it was the decision of the DAT Committee that all appeals of the chalk carving grade would be reassessed for clerical and recording error only. The chalks would not be re-graded. All students requesting a reassessment of their chalk carving grade would be informed of the relative nature of the grading procedure and the fact that all grades are designated by group consensus.

All appeals on the written portions of the examination would be checked for recording accuracy and confirmed to the student as soon as possible.

(h) Purchase of New Test Supplies

During 1980-81, the Committee did not purchase all of the new test supplies it had originally scheduled to purchase. A new supply of chalk was ordered from Weber Costello in Toronto, but proved to be unsuitable for our purposes and had to be returned to the supplier. Costs incurred in the development of new chalk carving patterns were minimal, due to the work of various members of the chalk grading team in providing the necessary art work, rather than incurring costs for the services of a graphic artist.

A new DAT Preparation Manual will not be printed until 1981 to coincide with new materials being developed by the American Dental Association and new metric rulers will also not be purchased until mid 1981.

(i) Meeting with the Admissions Committees

At the last meeting of Council, it was reported that the DAT Committee intended to hold one meeting a year onsite at a dental faculty. The intent of this meeting was to meet with the Admissions Committees of the various dental faculties in order

(i) Meeting with the Admissions Committees (Cont'd.)

to clarify questions which they may have about the DAT Program, the utilization of test results in the admissions process, etc.

In 1979, the Committee met with the Admissions Committee at the University of British Columbia and in August 1980 a meeting was held at Dalhousie University. It is presently anticipated that a meeting will be held on June 22 & 23, 1981 at the University of Western Ontario in conjunction with a proposed interview workshop which will be held at that same time in London.

(j) DAT Information Questionnaire

At Council's last meeting, it was reported that as a result of a request from the Canadian dental faculties, the DAT Program had developed a dental student applicant information questionnaire to be distributed to all applicants for the DAT examination during the administration of the test.

The questionnaire was adopted from a similar questionnaire administered by the American Dental Association for the purpose of collecting information on the applicant pool presently seeking admission to Canadian dental faculties.

The questionnaire was distributed for the first time to all individuals taking the March 1981 DAT examination with a statement indicating that this information will be used for research only and not for admission purposes.

(k) Conference for Test Administrators

The Committee forwarded a letter to all DAT test administrators requesting their input and opinions on the value of a conference for test administrators and possible agenda items for such a conference.

Positive replies were received from most test administrators, but in light of other Committee activities and responsibilities, it was decided to table this item for the present time.

3. DENTAL APTITUDE TEST PROGRAM 1981-82(a) Test Dates

The following dates were selected for the 1981-82 academic year:

November 13/14, 1981

March 5/6, 1982

(b) The Development of New Chalk Carving Patterns

As a result of a request by the Chairman of the DAT Committee to the Chalk Carving Team, new chalk carving patterns have been developed. The Chalk Carving Team has developed twelve new chalk carving patterns for use by the DAT Program. It is anticipated that the new patterns will be available for use in late 1981.

(b) The Development of New Chalk Carving Patterns (Cont'd.)

At this time, the DAT Committee would like to formally acknowledge the work of all members of the Chalk Grading Team in developing these new patterns and, in particular, Dr. Peter Pronych of Dalhousie University and Dr. Walter Meyer of the University of Alberta.

(c) Truth in Testing Legislation - American Dental Association and Change in DAT Test Battery

The Committee was informed that the American Dental Association had been successful in gaining an amendment in the truth in testing legislation in New York State to eliminate the required yearly publication of their PAT examinations. They are, however, required to release these examinations once every three years.

In light of this fact, the American Dental Association will be amalgamating their PAT 2D and PAT 3D examinations effective in 1981.

Since the DAT Program utilizes the ADA for its examination source, it is anticipated that in November 1981, our examination will include only one combined two-dimensional and three-dimensional examination, rather than the two separate examinations.

(d) New DAT Test Supplies

It is presently anticipated that the DAT Program will be purchasing a number of new test items and replacement items during the 1981-82 academic year. In light of the conversion of chalk carving patterns to metric measure, the program will purchase a new supply of rulers in metric units of measurement.

It is also anticipated that new DAT chalk will be purchased and a new DAT Preparation Manual for all applicants to the examination will be developed and printed. This new preparation manual will highlight program changes which have developed over the past year such as the dental student applicant questionnaire, the conversion to metric measurement and the amalgamation of the 2D and 3D perceptual examinations.

It is also anticipated that new school and student report forms will be purchased to accommodate the amalgamated 2D and 3D examinations as well as special labels for recording chalk scores.

(e) Elimination of Special Sabbath Centres

For a number of years the Committee has debated the merit and costs incurred in establishing special test sessions for Sabbath Observers.

In light of information which the Committee has received from test administrators across the country and the lack of support for special test sessions from the Alpha Omega Fraternity, the Committee has decided to eliminate all reference to special test sessions for Sabbath Observers in its 1981-82 DAT brochure.

(e) Elimination of Special Sabbath Centres (Cont'd.)

Be it resolved

That reference to special testing be deleted from the DAT brochure.

This motion was carried unanimously by the Committee.

If needed, the DAT office will advise students who are affected by this ruling, of hotel accommodation in the vicinity of the test centre in order that they may seek accommodation close to the test centre on the Friday evening prior to a Saturday testing date.

4. VALIDATION STUDIES

(a) Chalk Carvings vs PAT and 16 PF Tests

Dr. Thompson reported to the Committee that the collation of information was progressing but that additional results were required from some dental faculties in order to complete and finalize this study.

(b) Personality Study

Under the auspice of Dr. Marcia Boyd, the DAT Personality Study is progressing. Both 1979 and 1980 graduates were requested to re-write the 16 PF examination and these results were compared to their pre-dental 16 PF test results. The results of this study were presented to the American Association of Dental Schools in Chicago in March 1981.

An article on this pilot study has been submitted to the Journal of the Canadian Dental Association and it is anticipated that it will appear in the September 1981 issue of the Journal.

Dr. Boyd is continuing with her studies on the 16 PF and in March 1981 attended the first annual Conference on the 16 PF in California.

Funds in support of this study have been received from the CFDE (in 1978) and through the Faculty of Dentistry, U.B.C. (1980). Further funds will also be received from U.B.C. to allow Dr. Boyd to co-ordinate the 16 PF results with the interview results.

(c) Interview Validation Study

(i) Progress to Date

At the last meeting of the Council on Education, it was reported that the Committee, under Dr. Teteruck's direction, had developed a proposal for a study to investigate the use of the interview in the admission process.

Since then, the Committee has spent a great deal of its time and effort on this study.

(i) Progress to Date (Cont'd.)

With the valuable assistance of Dr. Judith Krupka, of Michigan State University, the Committee was successful in developing a model interview for use in admissions. This model interview, Parts A and B, was utilized in a pilot study in January 1980 at the University of British Columbia and subsequently included in the criteria for admission for the 1980 U.B.C. freshman class.

The Committee also realized that it required an additional series of questions to be used during reinterviews. Consequently, in December 1980, the Committee met in a special workshop session to develop two further sets of interview questions.

At the same time, Dr. Judith Krupka was commissioned to conduct interview training workshops at those dental faculties requesting them.

To date, interview workshops have been held at U.B.C. (twice), the University of Alberta (twice), Dalhousie University, University of Saskatchewan and the University of Manitoba, with a scheduled workshop at the University of Western Ontario in June 1981.

The entire interview package is now being utilized at U.B.C. and the University of Alberta with plans for its implementation at Dalhousie University and the University of Saskatchewan.

Preliminary results of the pilot study at U.B.C. and the University of Alberta indicate that the interview is highly reliable.

(ii) Funding

After reviewing its 1980 budget, the Committee approached the Canadian Fund for Dental Education in April 1980 for support for the Interview Study and was pleased to receive financial support from the CFDE in the amount of \$6,000.00. These funds were spent for additional meetings in 1980 to refine the interview instrument and to develop an alternate set of questions and rating forms which the dental faculties could use in the recording of their interview results.

In addition, the Committee also acknowledges the additional financial support it received from the Canadian Dental Association in 1980 and the funds it will be receiving from the Ontario Dental Association in 1981 for a two-day interview workshop at the University of Western Ontario.

(iii) Resource People and Fee for Service

The Committee reviewed and re-evaluated the role of consultants to the Interview Validation Study. In light of the extensive work which was being done by Dr. Judy Krupka in conducting interview workshops at the Canadian dental faculties, it was felt that a fee for service should be paid for the consultant to these workshops.

Be it resolved

That an honorarium for the consultant (resource person) to the DAT Interview Workshops be offered at a rate of \$300.00 a day (Canadian).

The Committee also realized that the time involved for one individual to hold both two-day interview workshops and retraining sessions at the faculties of dentistry was very demanding and time consuming. It was thus recommended that an additional resource person be recruited to provide the retraining sessions.

Be it resolved

That an additional person be recruited as a consultant (resource person) to the DAT Committee to provide retraining sessions at the dental faculties, and that Mrs. Linda Graham be considered for this position.

(iv) Committee Attendance at Interview Workshops

The Committee felt that it was important that there should be representation from the DAT Committee at all interview workshops and retraining sessions. It was not necessary for all members of the DAT Committee to be present at these workshops unless these sessions were in conjunction with formal meetings with the Admissions Committee, but it was important that there be formal Committee representation, nonetheless. It was recommended that the funds for Committee attendance at these workshops be paid from the funds for the interview study and that the budget be adjusted accordingly.

(5) COMMITTEE PUBLICATIONS

The Committee is pleased to report that it has submitted a number of articles for publication to the Journal of the Canadian Dental Association and elsewhere. As mentioned previously, Dr. Boyd's studies on the 16 PF have been accepted by the CDA for publication in September 1981. The Committee also has prepared an article on the development and initial implementation of the structured interview for submission to the Journal of the American Dental Association. A second article incorporating the results from interviews at U.B.C. and the University of Alberta is being completed for submission to the Journal of Dental Education.

(6) FINANCIAL REPORT1980

Appendix I

An audited statement of DAT expenses was not available in 1980 since DAT's overall budget had been amalgamated into CDA's general operating budget. In-house figures indicate that the DAT Program received \$70,600.00 in test fees and interest in 1980 as compared to a budgeted figure of \$54,000.00. This was due to a greater than expected number of applicants for the examination, most likely due to the elimination of the Program's twice-in-five year ruling.

The DAT Program also received a grant of \$6,000.00 from the Canadian Fund for Dental Education in support of its work in the Interview Validation Study. The majority of these extra funds were spent for special meetings to refine the interview instrument and develop a second series of interview questions.

Total expenses for the year are listed at \$65,527.00 as compared to a budgeted figure of \$73,600.00. Delays in the purchasing of anticipated new test supplies such as rulers, chalk, preparation manuals, etc. account for the major difference in the budgeted figure and the actual figures for 1980.

It also should be mentioned that the list of DAT expenses does not include an apportioned cost for office expenses such as telephone, xerox and stationary supplies, etc.

1981 Budget

The 1981 budget figures as submitted to the Council on Education in May 1980, indicate an estimated revenue of \$57,000.00 based on an applicant pool of 1400 at \$40.00 per applicant.

In light of our actual applicant pool in 1980, it would appear that our budgeted revenue for 1981 will increase to accommodate an increasing applicant pool. It also would seem that expenditures in 1981 for new test supplies will be above that originally budgeted due to our delays in purchasing test supplies in 1980. Our actual expenditures for both grading and fee for service may also be above that budgeted in 1980 in light of an anticipated increase in the numbers being tested.

1982 Projected Budget

The 1982 budget is based on a projected applicant pool of 1,700 at \$40.00 per applicant, plus additional funds for extra scores. As a result of our 1980 actual costs, the budget for test supplies, promotion and shipping has been adjusted accordingly. A \$3,500.00 expenditure for extra supplies has been added in light of the purchases yet to be made and the budget for fee for service has been increased to accommodate an increasing number of candidates as well as recommendations to provide consultants to the Committee with an honorarium for providing interview workshops at the faculties.

CONCLUSION

The past year has been a very productive one for the Dental Admission Test Committee. The majority of the Committee's time has been spent in developing and implementing its structured interview, and conducting interview training workshops at the dental faculties. The Committee also has been busy with its publications in the CDA Journal and elsewhere.

The ongoing administration of the DAT Program has proceeded well and it would appear that many of the initial problems which the Program experienced in its early days have been eliminated.

As always, credit for the progress of the DAT Program and its various validation projects must rest with the individual Committee members. Drs. Boyd, Bennett, Graham and Thompson - and our consultant to the interview study - Dr. Judy Krupka. They all have given very generously of their time and efforts in support of the DAT Program and dental education in Canada.

I also would like to thank all those groups and individuals who have lent their support to the interview study and the Committee's validation projects - the Executive Council of the Canadian Dental Association, the Canadian Fund for Dental Education, the Ontario Dental Association and the University of British Columbia. Your support and assistance have been invaluable to the Committee.

Respectfully submitted,

Dr. W.R. Teteruck,
Chairman,
Dental Admission Test Committee.

APPENDIX 2

COUNCIL ON EDUCATION - BUDGET ESTIMATE, 1981/82

<u>Council:</u>	17 members		\$ 9,950.00
<u>Chairman:</u>	Council Meeting	\$ 1,450.00	
	Board of Governors' Meeting	850.00	
	Interim Board Meeting	850.00	
	A.D.A. Council Meeting	1,700.00	
	A.C.F.D. Meeting	<u>850.00</u>	5,700.00
<u>Accreditation:</u>			
	Surveyor's Expenses	23,150.00	
	Director's Travel		
	& Expenses	10,750.00	
	A.D.A. \$ 450.00		
	A.C.F.D. 450.00		
	Board 450.00		
	Interim *450.00	<u>1,800.00</u>	35,700.00
D.A.T. Program (See attached)			74,000.00
Continuing Education (See attached)			4,150.00
			<u>\$ 129,500.00</u>

* Depending on Location.

APPENDIX 2

DAT FINANCIAL PROFILE

	<u>1980 Budget</u>	<u>1980 Actuals</u>	<u>1981 Budget</u>	<u>1982 Budget</u>
<u>REVENUE</u>				
Test Fees	\$54,000	\$70,600	\$57,000	\$70,000
CFDE Grant		<u>\$6,000</u>		<u>\$4,000**</u>
	<u>\$54,000</u>	<u>\$76,600</u>	<u>\$57,000</u>	<u>\$74,000</u>
<u>EXPENDITURES</u>				
<u>Printing -</u>				
Test Supplies	\$7,000	\$5,796	\$8,000	\$7,000
Promotion	\$3,000	\$2,999	\$4,000	\$3,500
New Supplies	\$8,000	\$1,630 *	\$2,500	\$3,500
Grading	\$4,500	\$6,860	\$6,000	\$7,500
Fee for Service	\$7,500	\$9,350	\$8,000	\$12,500
Shipping	\$4,000	\$2,443	\$4,000	\$3,000
Travel & Meetings	\$8,000	\$14,366	\$12,000	\$10,000
Validation	<u>\$6,000</u>	<u>\$1,383 **</u>	<u>\$4,000</u>	<u>\$4,000</u>
	\$48,000	\$44,827	\$48,500	\$51,000
Salaries & Benefits	<u>\$25,000</u>	<u>\$20,700</u>	<u>\$25,000</u>	<u>\$23,000</u>
	<u>\$73,000</u>	<u>\$65,527</u>	<u>\$73,500</u>	<u>\$74,000</u>

Breakdown of expenses does not include apportioned cost for office expenses (telephone, xerox, stationary supplies, etc.).

* Supplies scheduled to be purchased in 1980 were delayed until 1981.

** Majority of validation expenses apportioned under Travel & Meetings.

*** Grant the Committee will be requesting from CFDE in 1982.

CONTINUING EDUCATION COMMITTEE

BUDGET

* Travel and Accommodation	\$ 2,400
** Long Distance Telephone	500
Postage, Stationery and Secretarial Services	1,000
Miscellaneous	250
	\$ 4,150

* One two-day meeting per year
for four people
Travel \$600 x 4 = \$2,400

** Conference Calls

CLASSIFICATION OF ACCREDITATION STATUS1. ACCREDITATION ELIGIBLE

On the basis of a limited site visit evaluation and/or an institutionally prepared prospectus the proposed educational program appears to meet the minimum requirements for APPROVAL as established by the Council on Education.

2. PRELIMINARY APPROVAL

On the basis of a limited site visit and/or an institutionally prepared prospectus the educational program is granted year by year PRELIMINARY APPROVAL if it continues to appear to meet the minimum requirements for approval as established by the Council on Education after initial enrolment of students and until such time as students are enrolled in the final year.

3. PROVISIONAL APPROVAL

On the basis of a site visit and an institutionally prepared prospectus this classification is granted to an educational program where it has been found that the program has a number of major deficiencies or weaknesses in one or more specific areas. This accreditation classification signifies the seriousness of the deficiencies or weaknesses but is considered adequate to meet the eligibility requirements for licensure and board examinations. The deficiencies or weaknesses are considered to be of such magnitude that, if not corrected, withdrawal of the program's accreditation status will result. Evidence of significant progress must be demonstrated within one year.

4. CONDITIONAL APPROVAL

On the basis of a site visit and an institutionally prepared prospectus this classification is granted to an educational program where specific deficiencies or weaknesses exist in one or more basic areas of the program. The deficiencies or weaknesses are considered to be of such a nature that they can be corrected in a reasonable length of time, which is ordinarily defined as a period not to exceed two years. This accreditation classification is considered adequate to meet the eligibility requirements for licensure and board examinations. An institution receiving the status of CONDITIONAL APPROVAL must provide a progress report at the end of the first year.

5. FULL APPROVAL

On the basis of a site visit and an institutionally prepared prospectus this classification, when granted to an educational program, indicates that the program achieves or exceeds the minimum requirements for APPROVAL as established by the Council on Education. This accreditation classification specifies that

Classification of Accreditation Status
Continued

the program has no serious deficiencies or weaknesses; however, recommendations or suggestions relating to program enhancement are generally included in the evaluation report.

Council on Education.
May 1981.

HEALTH CARE

REPORT OF THE COUNCIL ON HEALTH CARE TO THE 1981 ANNUAL BOARD OF GOVERNORS

Members: Dr. R.J. Sexton, Islington, Chairman
Dr. R. Bartalos, Ancaster, Ontario
Dr. J.F. Begin, CFDS, St. Hubert, Quebec
Dr. A.D. Crocker, Tignish, P.E.I.
Dr. T. Dobbs, Winnipeg, Manitoba
Dr. E. Freidin, Saskatoon, Sask.
Dr. E. Fukushima, Vancouver, B.C.
Dr. H. Horsman, Riverview, N.B.
Dr. R. Janes, Gander, Newfoundland
Ms. K. MacDonald, CDHA, Halifax, N.S.
Dr. D. MacLeod, Kentville, N.S.
Dr. C.T. McNichol, Calgary, Alberta
Ms. B. Peterson, CDNAA, Calgary, Alta.

Dr. R.N. Hicks, Vancouver, B.C., Executive Liaison

Council Meeting

Since the last Board of Governors meeting, the Council has met once on May 14-15, 1981.

Matters Requiring Board Action

1. Dental Health Plans for Children

Council discussed the present status of this topic, which has been under discussion at the Council on Health Care, Executive Council and Board of Governors levels for many years. Members are concerned that this policy statement may be neglected because of an inability to reach agreement. Therefore, Council recommends:

WHEREAS the Canadian Dental Association has a responsibility to develop and adopt guidelines and policies of importance to Canadian dentists; and

WHEREAS some corporate bodies require CDA support in this regard when dealing with government;

RESOLVED:

That the CDA prepare guidelines relating to basic requirements of a Dental Health Plan for Children.

ADOPTED

HEALTH CARE

2. Use of Social Insurance Numbers

CDA has been requested to discontinue the use of Social Insurance numbers on claim forms, etc. Council reviewed communication from all jurisdictions in Canada and several dental insurance carriers and there seems to be a general approval of the use of an alternative, i.e. unique identifying number for each dentist. Subsequently, Council recommends:

*Whereas increasing numbers of dentists are
objecting to the use of Social Insurance
Numbers;*

RESOLVED:

*THAT a nine digit numbering system be used for
Dental Claim Forms and that the first three
digits be allocated to identify the individual
provinces, numbered as follows:*

Newfoundland	001
Prince Edward Island	002
Nova Scotia	003
New Brunswick	004
Quebec	005
Ontario	006
Manitoba	007
Saskatchewan	008
Alberta	009
British Columbia	010
Northwest Territories	011
Yukon	012

and further,

*THAT the remaining six numbers be allocated at the
discretion of the corporate or licensing bodies.*

ADOPTED

3. Subcommittee on Dentistry for the Disabled

Council continues to investigate and encourage better dental care for the disabled. Members have some concern about graduating dental students receiving adequate exposure and training to properly treat this category of patient. Council is attempting to set up liaison with the Association of Canadian Faculties of Dentistry in this regard,

RESOLVED:

*That the Council on Education look into the inclu-
sion of education training in the areas of dentistry
for the disabled in the dental school curriculae.*

*The Board agrees in principle and requests that the Council on Health
Care provide the Council on Education with suggested topics to be included in
the dental school curriculae.*

HEALTH CARE

Matters Requiring Board Action - cont'd

4. Uniform System of Coding and List of Service

The Subcommittee on Uniform System of Coding and List of Service recommends the following additions:

RESOLVED:

THAT the procedure codes

#26700 - porcelain repair - single crown

#66700 - porcelain repair - fixed bridge;

#75010 - for placement of sutures

#75020 - for removal of sutures;

#02145 - intra oral bite wings - five films

#02146 - intra oral bite wings - six films;

#15600 - space maintainer - acid etched pontic;

#29500 - be used as description of a service, and

#29501 - one retentive preformed post (with or without preformed core)

#29502 - two retentive preformed posts

#29503 - three retentive preformed posts;

#29510 - be used as description of a service and procedure, and

#29511 - one prefabricated metal post and cast core

#29512 - two prefabricated metal post and cast core

#29513 - three prefabricated metal posts and cast core

be added to the Uniform System of Coding and List of Service.

ADOPTED

Because Council has been unable to achieve useful discussion of the R Factor, this topic has been discontinued.

HEALTH CARE

Matters Requiring Board Action - cont'd.

5. Preventive Dentistry Manual - Health and Welfare Canada

Council members reviewed the manual "Preventive Dentistry", published by Health and Welfare Canada. Members feel that the nature of this book will lend itself to use by organizations and others as guidelines to the practice of preventive dentistry. Council suggests that the CDA should have a policy on the document

RESOLVED:

THAT the Council on Health Care has reviewed the Health and Welfare publication, entitled Preventive Dentistry and finds that it is a valuable resource document, representing a good review of current literature.

The Board agrees and accepts the above as information.

Matters of Information Not Requiring Board Action

6. Fluoridation

The Subcommittee on Fluoridation discussed the Clarke report on fluoridation and expressed its approval. Concern was voiced regarding the apathy of the profession to the promotion of fluoridation in many locations due to its long term use. In this regard, the Subcommittee on Fluoridation is preparing a report outlining the goals of a fluoridation program and methods of achieving these goals.

7. Radiation Protection

The Subcommittee on Radiology Protection is developing guidelines that the CDA could adopt for the guidance of the profession in protecting staff and the public. Guidelines are being secured from the corporate bodies that may have developed their own.

8. School Dental Accident Insurance Guidelines

Council discussed the changes to this document as suggested at the March 1981 Board of Governors meeting and was in agreement with them. The guidelines were approved with the proposed amendments and as such, Council feels they can be viewed as CDA policy.

9. Prepayment Plans

The Subcommittee on Prepaid Dental Plans is requesting input from the Canadian Association of Periodontists on a standard endorsement form.

HEALTH CARE

Matters of Information Not Requiring Board Action

Prepayment Plans - cont'd.

The CDA approved orthodontic endorsement form continues to be a problem in some provinces. Council is encouraging the Canadian Association of Orthodontists to assist in resolving these difficulties. It appears inconsistent to Council that the CDA continues to approve a form that is creating so many irritations.

10. Dental Care Systems Subcommittee

The Subcommittee on Dental Care Systems is continuing to monitor developments in the areas of capitation, retail dentistry and other less traditional methods of dental practice. Input from governors regarding these situations is welcomed.

Executive Council agrees with the above and requests that the CDA Council on Health Care consider the following statement as a CDA Policy Statement on Fee-for-Service and Capitation Programs:

"The Canadian Dental Association endorses the fee-for-service system of delivering dental care as a proven method, in which all patients have access to the dentist of their choice to receive quality care in a cost effective manner.

The Canadian Dental Association does not endorse capitation and will not encourage patients or dentists to participate in this method of prepaying the cost of dental care because the motivation may be for the dentist to provide minimal rather than comprehensive service. The CDA pledges to continue its effort to improve the fee-for-service system and to investigate and evaluate all methods of paying for dental services.

That dental care plan administrators, program purchasers and the public be made aware of the significant disadvantages that the Canadian Dental Association believes may exist in the capitation form of dental delivery; and

That since the Canadian Dental Association believes that plan participants may not be able to receive appropriate dental care under such a system that pre-paid dental program administrators, program purchasers and consumers be urged not to adopt or implement capitation programs; and

That the intent of the existing fee-for-service programs seek to serve the best interest of the patient."

The Executive Comment on this item will be returned to the Council on Health Care for consideration.

11. Occupational Health Hazards

Council is still interested and continues to investigate methods to be used in creating greater awareness of problems of occupational health hazards in the dental offices.

HEALTH CARE

12. Publicly Funded Dental Plans

Council received an update in chart form for Children's Dental Plans, Dental Plans for the Disabled and Dental Plans for Those Receiving Social Assistance. The Subcommittee will be developing this document in greater detail and when completed it will be made available through the resource library.

Respectfully submitted,

R.J. Sexton, Chairman
Council on Health Care

ADOPTION OF REPORT

The Board accepts the Report of the Council on Health Care and extends special appreciation to Dr. Sexton.

COUNCIL ON HOSPITAL SERVICES

REPORT OF THE CDA COUNCIL ON HOSPITAL SERVICES TO THE 1981 BOARD OF GOVERNORS

Members: M. Gornitsky, Montreal, Chairman
E. Cree, Montreal
K.M. Gordon, Edmonton
J.H.P. Main, Toronto
W. Sussel, Chilliwack
G. Terriss, Halifax

Executive Liaison: D.L. Thompson - Absent due to conflict of meeting dates.

1. Council Meetings

One meeting of the Council on Hospital Services has been held since the Interim Board Meeting, on June 26, 1981, with all members present.

2. Items of Business to be Discussed

(1) Membership of C.D.A. in the Canadian Council on Hospital Accreditation

Surveys at 16 hospitals are due to be carried out before February 1982 but Council noted that it would be redundant to schedule any surveys at this time, with the possibility of CDA membership in the Canadian Council on Hospital Accreditation. Should this be brought to fruition, all dental service surveys would be undertaken by CCHA.

RESOLVED:

THAT a moratorium on accreditation procedures for hospital dental services and for general dental internship/ residency programs be imposed as of June 26, 1981, until the next meeting of the Council on Hospital Services to be held in January 1982; and

FURTHER THAT the present accreditation status of the programs will be continued, unchanged, during this period.

ADOPTED

COUNCIL ON HOSPITAL SERVICES

2. CDA Conference on Priorities

Recommendations from the Conference on Priorities pertaining to accreditation were considered and following are the responses of this Council:

- i. All dental undergraduate, graduate, postgraduate and auxiliary teaching programs and hospital dental services be subject to the accreditation process.
Agreed.

Executive Council disagrees and notes the report of the Council on Education.

- ii. The CDA develop an accreditation program to evaluate the dental services of mental, penal and geriatric care institutions.

This is where CDA Council on Hospital Services is directing its thrust and agrees with the task group recommendations.

Executive Council agrees.

- iii. Does not refer to this Council.

- iv. The institutions being evaluated for accreditation, the licensing bodies and the CDA should pay for the service.
Agreed.

Executive Council agrees.

- v. The licensing bodies have greater representation on the appropriate councils of CDA which deal with accreditation.

Council does not agree with this recommendation but wishes to point out that, in the past, representatives of licensing bodies have been invited to attend as observers of survey teams on hospital accreditation site visits and this serves the purpose inherent in this recommendation.

Executive Council agrees.

- vi. The C.D.A. join the CCHA for the purpose of Hospital Dental Services Accreditation.

Agreed.

Executive Council agrees.

- vii. The institutions being evaluated for accreditation and the appropriate Provincial Licensing Body receive the reports of the Accreditation Committee from the appropriate Councils of C.D.A.

Council does not agree with this recommendation but suggests that the final results of the survey should be communicated to the licensing bodies and also be available from the CDA Resource Centre. At present lists are included, once per year, in the CDA Journal.

Executive Council agrees.

COUNCIL ON HOSPITAL SERVICES

- viii. A graduate of any program accredited by CDA should have portability within Canada.

Agreed.

Executive Council agrees.

- ix. The method of accreditation continue to assure reciprocity within the ADA.

Agreed.

Executive Council agrees.

- x. Whereas accreditation has a high priority within CDA, it is recommended that the actual costs of accreditation be provided to the Board of Governors on an annual basis.

Agreed.

Executive Council agrees.

Board of Governors Comment: The Board of Governors is in agreement with the comments of its Executive Council.

2. ITEMS OF BUSINESS FOR INFORMATION

- (1) In connection with Item 1(2) above, Council has formed an ad hoc committee to develop a document stating aims and objectives of the CDA Council on Hospital Services and also a Position Paper. This is in preparation for the meeting between senior representatives of the CDA and CCHA, which is scheduled for September 11th.

(2) Site Visit Procedures and Documentation

Following recent site visits it has become apparent that the present survey documentation is lacking clear guidelines as to certain aspects of the visit, viz., interviews with hospital personnel and senior administration. New guidelines will be drafted and reviewed at the next meeting of Council in January 1982.

The document used for Internship/Residency Programs has also received negative response from certain hospitals. Opinions on this document are to be sought from hospitals and Deans of Dental Schools, with a view to making it more acceptable to directors of the Internship/Residency Programs.

COUNCIL ON HOSPITAL SERVICES

(3) Long Term Care Institutions - Questionnaire

Replies have been received from eight of the ten provinces and it is hoped that this survey of dental care available to patients in long-term care institutions can be completed before the next meeting of Council.

(4) Survey Reports

The following Dental Service and/or Internship Programs were awarded Approval status:

Cancer Control Agency of B.C.	-	Dental Service
Hôpital l'Enfant Jesus	-	Dental Service
University Hospital, Saskatoon	-	Dental Service and Internship Program
Childrens Hospital of Vancouver	-	Extension of present status until the move to new facilities is completed and a further survey can be carried out.

- (5) Council regrets that Dr. A.E. Hoffman, Halifax, has found it necessary to resign from Council and also that Dr. J.H.P. Main, Toronto, has now completed his second term as a member. We would like to formally thank both Dr. Main and Dr. Hoffman, most sincerely, for all their efforts on behalf of the Council on Hospital Services and compliment them on the excellent job they have done in representing the Maritime Provinces and the Province of Ontario on this Council.
- (6) Council wishes to thank Dr. J.V.P. Chatwin, Director of Accreditation and Mrs. Thora Appelt, Secretary to Council, for their co-operation and efforts on behalf of the Council on Hospital Services during the past year.

Respectfully submitted

M. Gornitsky, Chairman.

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Hospital Services with thanks.

COUNCIL ON INFORMATION SERVICES

REPORT OF THE CDA COUNCIL ON INFORMATION SERVICES
TO THE 1981 BOARD OF GOVERNORS

Council Members

Chairman Dr. A.E. MacLeod, Halifax
 Dr. D. Scramstad, Surrey
 Dr. Y. Kamachi, North Bay
 Dr. M. Carvonis, Hull
 Dr. W. T. Koltek, Winnipeg
Executive Liaison: Dr. J. Laporte, Québec

Council Meeting

1. Since the March Interim Board Meeting the Council has met once, May 29, 1981.

Matters Requiring Board Consideration

2. The Speakers' Bureau

APPENDIX I

RESOLVED:

- a) *That a media workshop be set up in the near future to coach members of CDA's Executive Council on how to relate to media interviews when required to speak for the Association, and that a maximum budget of \$10,000 be allocated for this purpose.*
- b) *That Executive Council members who have completed their terms continue as media spokesmen and as speakers to CDA members in their geographic regions.*
- c) *That the effectiveness of the media workshop be evaluated through consultation with CDA members across the country.*
- d) *That the services of the media workshop be offered to corporate members.*

ADOPTED

COUNCIL ON INFORMATION SERVICES

Items of Business not Requiring Board Consideration

3. National Dental Health Month

Dr. Carvonis NDHM chairman presented a summary of activities to the Council. They included:

a) CDA wrote, produced and distributed free national dental health month kits in English and French to all provincial associations. A total of 605 kits were distributed this year (399 English and 206 French) compared to 439 kits last year (335 English, 104 French).

b) Three,30-second television promos featuring Shari Lewis were distributed to each province. Each provincial tape carried the name of the provincial association and the national association. CDA made a master tape available to each provincial association free of charge and suggested each association have copies dubbed, possibly free of charge, for use throughout their province. These promos were also distributed to the CBC, CTV and Global television networks with the national association identification.

c) A 30-second French television public service announcement featuring well-known television personality (Captain Cosmos) Claude Stebbin was prepared for use in 1982 and shown to the Council. The provincial and the national association names will be carried on the tape given free to the province. And the one sent to the French network will carry the Canadian Dental Association identification.

d) Live radio spots (four 30-second and four 10-second) written by CDA were distributed to every English and French radio station in Canada. Responses from many stations indicated they were widely used.

e) To the time of this report, six provinces have responded to the poster contest, British Columbia, Alberta, Saskatchewan, Ontario, Nova Scotia and Newfoundland. Provincial winners will be judged at CDA headquarters and three national winners will receive prizes from CDA.

f) NDHM posters bearing the name of both the provincial and national associations and decals have been distributed to all provinces carrying the slogan Good Mouthkeeping, Un sourire, un ami. The provinces purchased 102,000 posters and 290,000 decals. Items distributed last year totalled 154,500.

g) To the time of this report 171 English and 87 French certificates of appreciation have been distributed, through local societies, to those who have been especially helpful in carrying out NDHM programs.

COUNCIL ON INFORMATION SERVICES

h) Journal promotion included the March cover, an editorial by NDHM chairman Dr. Michel Carvonis, a news story with Dr. Carvonis and disabled child Marc Davis and his mother Françoise. Each provincial Association received a different free picture with Dr. Carvonis, Marc and Mrs. Davis for possible use in their publication.

i) Holiday Inns used their billboards to promote NDHM and McDonald's used NDHM material on their tray liners in Ontario.

Dr. Carvonis noted that all provinces were involved in National Dental Health Month with the posters, decals, radio and television spots clearly indicating a national campaign. More than a hundred newspaper clippings attested to a well-publicized campaign although it was noted it was difficult to break into the large dailies such as the Globe and Mail.

Dr. Carvonis reported he had appeared on French radio for a ten minute interview and there were reports of dentists participating on talk shows and interview shows on both radio and television across the country.

Dr. Carvonis noted NDHM is really a national campaign and ten provincial campaigns, and he expressed the hope that the larger provinces would direct more of their funds to a national campaign. It was noted that in some provinces the CDA campaign is the only campaign.

Dr. Scramstad reported that Alberta wanted to hold two NDHM workshops annually and that Alberta School Boards were opposed to poster contests as they feel they are inherently not good for children, and there should be no prizes.

It was agreed that copies of the NDHM resource material in the Council Book and a questionnaire would go to all NDHM chairmen to evaluate this year's campaign and determine priorities including an appropriate month for next year, and that promotion for next year's campaign would begin earlier.

CDA Pamphlets

4. a) Completed

i) Choosing a Career? - Dentistry

Vous Choisissez une Carrière? - Pourquoi pas la Dentisterie

It is suggested that the French translation read:

Vous Choisissez une Carrière? - Pourquoi pas la
Médecine Dentaire

COUNCIL ON INFORMATION SERVICES

CDA Pamphlets - Continued

b) In Production

- i) Do It Yourself Oral Hygiene -in production to camera ready art
- ii) Do You Smoke? Have Your Mouth Checked -in design stage
- iii) An article in the Journal to the profession in the form of an interview with Dr. Norman Levine, President of the Royal College of Dentists dealing with how to handle disabled persons will be printed in the August or September issue in both official languages. It will be designed so that reprints can be made available.

c) To Executive Council

- i) Get That Tooth In Line - Orthodontics. This pamphlet while approved by the Council on Information Services, failed to pass the Executive Council. It is now in the hands of the President of the Canadian Association of Orthodontists Dr. R.D. Haryett and a copy will be available this summer.
- ii) Replacing Missing Teeth
- iii) Complete Dentures - They're Getting Better In Every Way.
Council reviewed these two pamphlets and they will be forwarded to Executive Council following editing. It was agreed that a separate pamphlet would be done on Occlusion.

d) In Progress

- i) A meeting will be held with the Secretary-Treasurer of the Canadian Academy of Paedodontics Dr. Frank Pulver at their annual meeting to discuss paedodontics pamphlets. Copy is expected some time in the fall.
- ii) Professor and chairman of Restorative Dentistry at the University of Western Ontario Dr. R.E. Jordan will prepare copy for pamphlets to update the current "Broken and Infected Teeth" pamphlet, and a second pamphlet on restorative dentistry.

It was noted that close to half a million of the new pamphlets have been distributed since they began to come on stream in mid 1979. In 1981 more than 40 thousand pamphlets will be distributed for promotional purposes.

COUNCIL ON INFORMATION SERVICES

CDA Pamphlets - Continued

Steps will be taken to insure that authors of all the new pamphlets are properly thanked.

Once the pamphlets have all been updated a major promotion campaign is planned.

Dr. Koltek agreed to take on the pamphlets as his special interest role in the council.

Film Service

5. Dr. Kamachi provided written reports on the 14 films on dentistry from the Canadian Film Institute that he has reviewed since the January Council meeting. Once he has completed the entire reviews of 34 films, CDA will withdraw the outdated films from its distribution list and provide the Film Institute with the reviews and a recommendation they be withdrawn from service. As a member of the Film Institute CDA receives a reduced rental rate. Films are available for both the profession and the public.

The Council agreed to purchase two films, one copy of Dentistry - If I Don't Speak For Myself - Who Will Speak For Me? and four copies of Dental Flossophy - Charlie Brown.

The first film will be kept in-house for circulation to the corporate members on request. Copies of the Charlie Brown Film will be distributed to Modern Talking Pictures, CDA's film agent in Toronto, Vancouver and Montréal for public distribution Canada-wide. Both films were screened at the meeting.

The possibility of showing these two films and a second on Charlie Brown and Tooth Brushing will be investigated for the CDA annual convention.

Council will see if the Canadian Film Institute makes films and if so, how they determine matter for dental films.

Respectfully submitted,

Dr. A.E. MacLeod
Chairman
Council on Information Services

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Information Services and commends the fine work done, particularly as reflected through the news media coverage of National Dental Health Month.

SPEAKERS' BUREAUBackground

Canadian dentists, like other professions, seek a good image in the eyes of the general public and government through the exchange of helpful information and important policy viewpoints. The Council on Information Services has been considering this responsibility since 1979 and the 1981 CDA Workshop on Priorities reinforced the importance of this task for our Association. In the past, Canadian dentistry has had a mix of good and bad experiences with media interviews. At the present time CDA's Department of Communications frequently receive requests from newspapers, radio and television for knowledgeable CDA spokesmen to speak on particular topics. While most of these are presently handled by the President and Executive Director, it was felt these heavy responsibilities should be shared, especially to meet particular geographical and specialized requirements.

Speaking areas

Council considers that there are two basic areas for CDA speakers to serve. The first is within the profession eg: large or small groups of dentists across the country or similar groups of lay persons. The second basic area is newspapers, radio and television. Council would like speakers ideally to be able to serve both these basic areas well. However, in view of the estimated costs of carrying out the training of speakers for both these areas, Council considers that one only should be done at this time. In Council's opinion the one with the greatest and most immediate benefit would be newspaper, radio and television.

Choice of speakers

Council carefully considered the question "who is to speak for dentistry?" In Council's view the prime qualities of our representatives speaking in the media should be:

- 1) that they know how to speak well in public and
- 2) that they are well informed about important matters concerning the profession.

The group in CDA most likely to be informed on important matters is, in the eyes of council, members of the Executive Council of the Board of Governors. They are party to the principle issues affecting dentistry and are most likely to be informed on the latest position of the Association on any particular topic. This would not preclude the Executive Council nominating a non-Executive Council person speaking for the Association if they so wished.

Training Speakers

Since 1979 Council has been gathering information as to how dental spokesmen could be trained to speak well in the media. An appendix to this report summarizes two examples of training for dentist spokesmen in the United States and Canada. Whilst the details of CDA's training program have still to be worked out, Council is confident that a suitable program could be arranged in Ottawa or some other centre should the Board agree.

APPENDIX A

APPENDIX B

Cost

Various costs are possible for a program of this nature. The final sum is dependent on the amount of training given, the location eg: a private T.V. station, an office with rented media equipment, or a university facility eg: Carleton University. Also the numbers participating influence the cost.

APPENDIX C

Council feels that a suitable program could be worked out in a budget range of \$5,000 to \$10,000.

Recommendations

Council advice on the matter of the Speakers' Bureau can be summarized as follows:

Council recommends 1) that a Media Workshop be set up in the near future to coach members of CDA's Executive Council on how to relate to media interviews when required to speak for the Association..

2) a maximum budget of ten thousand dollars be approved for this purpose.

3) members of the Executive Council be utilized after their term of office has expired to speak to the media nationally and to update CDA members on policy in the regions from which they come.

4) the effectiveness of our Media Workshop for training speakers should be evaluated through consultation with CDA members across the country.

5) the services of the Media Workshop be offered to corporate members.

Dr. A.E. MacLeod
Chairman
Council on Information Services

COUNCIL ON NOMINATIONS

The appended Report of the Council on Nominations was presented at the August, 1981 Annual Meeting of the Board of Governors by Dr. C. Covit, Council Chairman.

Nominations were submitted on behalf of Drs. M. Crompton, R.A. Gray, R.L. Moran and C. Covit, and although the Council did not officially meet, input was solicited from all Council members.

Brig.-Gen. W.R. Thompson was congratulated on his new position as President-Elect of the Canadian Dental Association.

The list of nominees in Appendix B were accepted, with the exception of nominees for Councils where elections were required.

RESOLVED:

*That Dr. T. Gushue and Mr. D. Pamenter be
appointed scrutineers.*

ADOPTED

Elections took place to fill vacancies on the following Councils:

- * (a) Executive Council - 3 to be elected
- (b) Council on Education - 1 to be elected
designated University Representative
- (c) Council on Ethics - 1 to be elected
- (d) Council on Hospital Services - 1 to be elected
- (e) Council on Information Services - 2 to be elected
 - 1 designate from Ontario and
 - 1 designate from the Prairie
Provinces

Ballots were distributed and collected by the scrutineers, and

thereafter Dr. Covit declared the following members duly elected:

Executive Council

Dr. P.R. Crawford
Dr. J. Laporte
Dr. D.L. Thompson

Council on Education

Dr. I.C. Bennett

- * The Chairman noted that Executive Council is cognizant of the necessity of supporting the concept of regional representation and brings to the attention of the Board of Governors the need for regional representation on Executive Council.

COUNCIL ON NOMINATIONS

Elections - continued...

Council on Ethics

Dr. I. Vogan

Council on Hospital Services

Dr. J. Gryfe

Council on Information Services

Dr. Y. Kamachi (Ontario)

Dr. T. Koltek (Prairie Provinces)

RESOLVED:

That the ballots be destroyed.

ADOPTED

A presidential appointment to Executive Council was made in the person of Dr. B.W. Holmes to fill the vacancy on Council of Brig.-Gen. W.R. Thompson, President-Elect.

Nominations were required from the floor to fill vacancies on the Council on Nominations and the Council on Constitution and By-Laws. A request was also made for a nomination of a lay representative to the Council on Education.

Council on Nominations

The Past-President, Dr. G. Utas will be Chairman and according to the Constitution, membership should be geographically representative of the Association and shall include one or more Past-Presidents. The Council will be made up of Dr. Utas, Alberta; Dr. M. Crompton, New Brunswick and Dr. R.L. Moran from Ontario.

RESOLVED:

That Dr. Fred Reid, Vancouver, be appointed to the Council on Nominations.

ADOPTED

Council on Constitution and By-Laws

The Council presently consists of Dr. G. Anthony, Newfoundland; Dr. B. Jackson, Ontario and Dr. D. MacDougall from Victoria.

No nomination was received from the floor and the vacancy will be filled by Presidential appointment.

Council on Education

No nominations were forthcoming for the lay representative to the Council on Education at this time.

COUNCIL ON NOMINATIONS

REPORT OF THE COUNCIL ON NOMINATIONS TO THE CDA 1981 BOARD OF GOVERNORS

Members: Dr. C. Covit, Chairman
Dr. M.J. Crompton
Dr. R.A. Gray
Dr. R.L. Moran

1. Elections of officers and council personnel for the 1981-82 term will take place during the 1981 Annual Meeting of the Board of Governors in Calgary on August 28, 1981.
2. Except in the case of nominations to the Council on Nominations itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Council on Nominations. The Board may then make further nominations from the floor.
3. According to Article XIV, Section 4 (i), (i-v), the Nominations Council prepared a list of all elective offices to be filled following solicitation of nominations, excluding those for the Nominations Council. The Council has ruled on eligibility and herewith submits its report to the Annual Meeting.

APPENDIX A

APPENDIX B
4. Those entitled to nominate are:
 - Members of the CDA Board of Governors
 - CDA Council Chairmen
 - Presidents or Secretaries of Corporate Members
 - Presidents or Secretaries of Sections
5. Nominations to the Council on Education can include the recommendations of the:
 - Association of Canadian Faculties of Dentistry
 - National Dental Examining Board of Canada
 - Royal College of Dentists of Canada
 - Provincial Registrars
 - Canadian Dental Nurses and Assistants' Association
 - Canadian Dental Hygienists' Association
6. Nominations to the Council on Health Care can include the recommendations of the:
 - Canadian Dental Nurses and Assistants' Association
 - Canadian Dental Hygienists' Association
7. Nominations are accompanied by:
 - a) Written consent of the nominee;
 - b) A completed conflict of interest statement by the nominee; and
 - c) A brief biographical sketch, if possible.

APPENDIX C
APPENDIX D

APPENDIX E

COUNCIL ON NOMINATIONS

8. Except for Executive Council (as otherwise indicated), election to Councils is for a term of three years, renewable once. Members of the Councils must be Active, Associate, Affiliate, or Student Members of the Canadian Dental Association. Associate or Affiliate members are not eligible for nomination for election to the Board of Governors or the Executive Council. Student members are not eligible for nomination for election to the Executive Council.

Executive Council is cognizant of the necessity of supporting the concept of regional representation and brings to the attention of the Board of Governors the need for regional representation on Executive Council.

Respectfully submitted,

C. Covit, d.d.s.
Chairman,
Council on Nominations

ADOPTION OF REPORT

The Board accepts the report of the Council on Nominations with thanks.

NOMINATIONS1981I President-Elect

Term: 1 year
 Eligibility: Member of the Board of Governors

II Chairman of the Board:

Term: Elected annually
 Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)
 Incumbent: N.A. Mancini, Hamilton: Eligible for re-election
 1 to be elected 1. _____

III Executive Council: 9 members

Term: 2 years: renewable twice
 Eligibility: Member of the Board of Governors
 Incumbents: C. Covit, Past-President
 G.E. Utas, President
 D.E. Williams, President-Elect
 R.N. Hicks, 1982 (1)
 J. Laporte, 1981
 J.W. MacKay, 1981 (1)
 R.D. Sexton, 1982 (1)
 D.L. Thompson, 1981 (1)
 W.R. Thompson, 1982 (1)

Summary:

Dr. C. Covit retires as Past-President. Dr. J. Laporte is a presidential appointee completing the unexpired term of Dr. Y. Tellier and is eligible for election. Drs. J.W. MacKay and D.L. Thompson are completing their first term and are eligible for re-election.

If any of the incumbents are elected President-Elect there will be a fourth vacancy to be filled by presidential appointment.

3 to be elected 1. _____
 2. _____
 3. _____

IV Council on Constitution & By-Laws: 4 members

Term: 3 years: renewable once

Incumbents: W. Heaslip, Toronto, 1981 (2) Chairman
G. Anthony, St. John's, 1981 (1)
M. Tenenbaum, Montreal, 1981 (2)
D. MacDougall, Victoria, 1983 (1)

Summary:

Drs. W. Heaslip and M. Tenenbaum are completing their second terms and are not eligible for re-election. Dr. G. Anthony is completing his first term and is eligible for re-election.

3 to be elected 1. _____
2. _____
3. _____

V Council on Dental Materials & Devices: 7 members

Term: Nominated by the Executive Council and appointed by the Board of Governors annually.

Incumbents: R.Y. Barolet, Ste-Foy, Chairman
P.C. Desautels, Montreal
D. Gau, Edmonton
J.M. Gourley, Saskatoon
L.N. Johnson, London
D.W. Jones, Halifax
P.T. Williams, Winnipeg

None to be elected

VI Council on Education: 15 members

Term: 3 years: renewable once

Incumbents:	D.J. Yeo, Vancouver, 1982 (2) Chairman	UNIV
	I.C. Bennett, Halifax, 1981 (1)	UNIV
	G.H. Peacock, Saskatoon, 1982 (2)	REGISTRAR
	G.A. Freeze, N.Vancouver, 1983 (2)	NDEB
	G.W. Myers, Edmonton, 1983 (2)	UNIV
	E.J. Rajczak, Hamilton, 1982 (2)	NON-UNIV
	C.L. Lavelle, Winnipeg, 1981 (1)	RCDC
	N. Andrews, Halifax, 1982 (1)	NON-UNIV
	M. Jahjah, Montreal, 1982	NON-UNIV
	M. Paquin, Vancouver, 1982 (1)	CDNAA
	K.C. Bentley, Montreal, 1982 (1)	ACFD
	M. Miller, Winnipeg, 1982 (1)	CDHA
	A. Osborn, Winnipeg 1982 (1)	NON-UNIV
	L. Tomkins 1981 (2)	STUDENT

VI Council on Education - continued..

Summary:

Drs. I.C. Bennett and C.L. Lavelle are completing their first three-year terms and are eligible for re-election. Dr. M. Jahjah is a presidential appointment serving the unexpired term of Dr. D. LaFlamme. Miss Lynn Tomkins is completing a second one-year term and will not be eligible for re-election.

- Nominations are required for:
1. R.C.D.C.
 2. Full-time active dental
faculty member
 3. Student from Council on
Student Affairs
 4. Lay representative appointed
by the Board

- 4 to be elected
1. _____
 2. _____
 3. _____
 4. _____

VII Council on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: J.W. Bradey, Guelph, 1982 (2) Chairman
P.Y. Lamarche, Montreal, 1982 (2)
W.I. Vogan, Halifax, 1981 (1)
R.A. Hunt, Winnipeg, 1983 (1)
G.R. Thordarson, Vancouver, 1983 (1)

Summary:

Dr. W.I. Vogan is completing his first term and is eligible for re-election.

- 1 to be elected 1. _____

Nominations - 1981 - continued.

VIII Council on Health Care: 14 members

Term: 3 years: renewable once

Incumbents: R.J. Sexton, Islington, 1983 (2) Chairman
 C.T. McNichols, Calgary, 1982 (1)
 E.K. Fukushima, Vancouver, 1982 (1)
 H.H. Horsman, Riverview, 1982 (1)
 R.A. Janes, Gander, 1983 (2)
 D.E. MacLeod, Kentville, 1983 (2)
 E. Freidin, Saskatoon, 1982 (2)
 J.F. Begin, St. Hubert, 1982 (2)
 A.D. Crocker, Tignish, P.E.I., 1982 (1)
 T. Dobbs, Winnipeg, 1982 (1)
 P. Belisle, Quebec, 1982

Summary:

The Council on Health Care shall consist of one voting member from each corporate member, a chairman and a representative from the CDNA and the CDHA.

After the Executive Council selects the Chairman for next year, the CDA President, in consultation with the corporate body from which the Chairman is selected is authorized to appoint another representative from that province to fill the vacancy. (Article XIV, Section 4 (d)).

Dr. R. Bartalos is presently a presidential appointment and is serving the unexpired term of Dr. R. Sexton, Chairman. Dr. P. Belisle is completing the unexpired term of Dr. J.P. Martel and has since resigned. Dr. R.J. Sexton will be resigning in August after presentation of his report.

None to be elected

IX Council on Hospital Services: 5 members

Term: 3 years: renewable once

Incumbents: M. Gornitsky, Montreal, 1983 (2) Chairman
 K.M. Gordon, Edmonton, 1983 (2)
 G.L. Terriss, Halifax, 1983
 J.H. Main, Toronto, 1981 (2)
 W.H. Susse, Chilliwack, 1983 (2)

Summary:

The Council on Hospital Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

After the Executive Council selects the Chairman for next year, the CDA President, in consultation with the corporate body or region of corporate bodies from which the Chairman is selected, is authorized to appoint another representative from that Province or region to fill the vacancy. (Article XIV, Section 4(f)).

APPENDIX A

Nominations - 1981 - continued.

IX Council on Hospital Services...cont'd.

Dr. J.R. Main is completing his second term and is not eligible for re-election. Dr. E. Cree is presently a presidential appointee and is serving the unexpired term of Dr. M. Gornitsky, Chairman. Dr. G.L. Terriss is a presidential appointment completing the unexpired term of Dr. A.E. Hoffman.

1 to be elected 1. _____ (Ontario)

X Council on Information Services: 5 members

Term: 3 years: renewable once

Incumbents: A.E. MacLeod, Halifax, 1981 (2), Chairman
D. Scramstad, Surrey, 1983 (2)
Y. Kamachi, North Bay, 1981
M. Carvonis, Hull, 1981
T. Koltek, Winnipeg

Summary:

The Council on Information Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

Dr. A.E. MacLeod is completing his second term and is not eligible for re-election. Drs. Y. Kamachi and M. Carvonis are presidential appointees completing the unexpired terms of Drs. R.L. Ellis, and P. Morin and are eligible for election. Dr. T. Koltek is a presidential appointee, filling a 1980 vacancy and is eligible for election.

4 to be elected 1. _____ Atlantic Prov.
2. _____ Quebec
3. _____ Ontario
4. _____ Prairie Provinces

XI Council on Insurance & Investments

Summary:

The Canadian Dental Association has delegated to the Canadian Dental Services Plans Inc. the functions of the Council on Insurance and Investments as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and Canadian Dental Services Plans Inc.

None to be elected

Nominations - 1981 - continued .

XII Council on Nominations: 3 members plus Past-President as Chairman

Term: 3 years

Incumbents: C. Covit, Montreal, Chairman
R.L. Moran, Toronto 1983 (1)
M.J. Crompton, Moncton 1982 (1)
R.A. Gray, Medicine Hat 1981

Summary:

The Council on Nominations shall consist of three members elected by the Board at its annual meeting, pursuant to Article X, Sect. 5 of the By-Laws, together with the Past-President, who shall be Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

Dr. R.A. Gray is completing his term and nominations will be received from the floor at the Annual Meeting to fill the one vacancy.

NOMINATIONS

APPENDIX B

CDA ELECTIVE OFFICES - 1981

ELECTION REQUIRED *

OFFICE / INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES - AFFILIATIONS
<u>Chairman of the Board</u> Dr. N.A. Mancini (Ontario)	Elected Annually	Active or Honorary Member	1 year	Dr. N.A. Mancini (Ontario)
<u>President-Elect</u> Dr. D.E. Williams (New Brunswick)	Elected Annually	Member of Board of Governors	1 year	Brig.-Gen. W.R. Thompson (Ontario)
<u>Executive Council</u> Dr. J. Laporte - completing unexpired term Dr. J.W. MacKay - 1981 (1) Dr. D.L. Thompson - 1981 (1)	Annual election to fill expired terms	Member of Board of Governors	2 year	Dr. P.R. Crawford (Manitoba) Dr. J. Laporte (Quebec) Dr. J.W. MacKay (Saskatchewan) Dr. D.L. Thompson (Alberta)
<u>Council on Constitution & By-Laws</u> Dr. W. Heaslip - 1981 (2) Dr. G. Anthony - 1981 (1) Dr. M. Tenenbaum - 1981 (1)	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. G. Anthony (Newfoundland) Dr. B.M. Jackson (Ontario)
<u>Council on Education</u> Dr. I.C. Bennett - 1981 (1) Dr. C.L. Lavelle - 1981 (1) Dr. J.L. Tomkins - Student Rep. 1981(2)	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. I.C. Bennett (University) Dr. E.G. Sonley (University) Ms. R. Hurley (Student Rep.) Dr. G.S. Beagrie (RCD(C)) (.....) Lay representative

NOMINATIONS
CDA ELECTIVE OFFICES - 1981
ELECTION REQUIRED *

OFFICE / INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES - AFFILIATIONS
<u>Council on Ethics</u> Dr. W.I. Vogan - 1981 (1)	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. W.I. Vogan (Nova Scotia) Dr. S.A. Chaney (Saskatchewan) *
<u>Council on Hospital Services</u> Dr. J.H.P. Main - 1981 (2)	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. J.H. Gryfe (Ontario) Dr. G. Zarb (Ontario) *
<u>Council on Information Services</u> Dr. M. Carvonis) completing Dr. Y. Kamachi) unexpired terms Dr. A.E. MacLeod - 1981 (2) Dr. T. Koltek - filling a 1980 vacancy	Annual election to fill expired terms	CDA member with stipulations	3 year	Dr. C. Leblanc (New Brunswick) Dr. L. Lawrence (Ontario) Dr. Y. Kamachi (Ontario) Dr. G.F. Anderson (Prairie Prov.) Dr. W.T. Koltek (Prairie Prov.) Dr. R.F. Valentini (Prairie Pr.) Dr. M. Carvonis (Quebec) *
<u>Council on Nominations</u> Dr. R.A. Gray - 1981	Nominations will be received from floor at Annual Meeting		3 year	

NOMINATION FORM - CDA

APPENDIX C

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nomination on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

THIS NOMINATION IS FOR: CHAIRMAN OF THE BOARD _____ PRESIDENT-ELECT _____
EXECUTIVE COUNCIL _____
COUNCIL ON _____

NOTE: Associate or Affiliated members are not eligible for nomination to the Board of Governors or Executive Council.
Student Members are not eligible for nomination to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

CANDIDATE'S NAME _____
CANDIDATE'S ADDRESS _____
_____ POSTAL CODE _____

It is desirable for a nominee to attach a brief biographical sketch if possible.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

PLEASE PRINT OR TYPE THE FOLLOWING:

NOMINATOR _____
OFFICE OR POSITION HELD _____
SIGNATURE _____

ARTICLE XX SECTION I OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

Nominee will please initial one of the following:

- A) I HAVE NO KNOWN POSSIBLE POTENTIAL CONFLICT OF INTEREST _____
B) I HAVE A POSSIBLE POTENTIAL CONFLICT OF INTEREST _____
If B) please explain potential conflict on the reverse of this form.

I agree to permit my nomination and qualify by Active _____ Affiliate _____
Associate _____ Student _____ Membership in the Association.

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION _____

SIGNATURE OF NOMINEE _____

Return this completed form by June 15, 1981 to:

Dr. Clyde Covit,
Chairman,
Council on Nominations,
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario.
K1G 3Y6.

NOMINATIONS

ACCORDING TO ARTICLE XX SECTION I OF THE CONSTITUTION, THE FOLLOWING IS STATED:

(d) All nominees for election or appointment to Councils, Committees or Bureaux of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.

(e) No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(f) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.

(g) That, no otherwise qualified member of Councils or Bureaux of the Association shall continue to be a member if he becomes interested in or involved directly or indirectly, in any business or undertaking which provides dental supplies or services of any kind to the dental profession.

(h) The Board shall be the final authority on any disputed conflict of interest.

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICTS OF INTEREST:

CURRICULUM VITAE

Name GORDON F. ANDERSON

Address 207 Medical Dental Building

Lethbridge, Alberta Postal Code T1J 2G7

Office Telephone No. _____ Area Code _____

Born: January 19, 1925 - Barnwell, Alberta

Graduate: University of Alberta 1948

Internship: Boston Infirmary for Children

Memberships:

President, Lethbridge and District Dental Society

Member of Board of Governors, Alberta Dental
Association

President, Alberta Dental Association

Married: Wife, Kathleen
Four children

Other:

Member, Calgary Rotary Club

Bishop, Church of the Latter Day Saints

CURRICULUM VITAE

Name Gordon Anthony

Address 44 Torbay Road, St. John's, Nfld.

Postal Code A1A 2G5

Office Telephone No. 726-9260 Area Code 709

1975 - 80	Secretary, N.D.A.
1980 - 81	Vice-President, N.D.A.
1979	Atlantic Director, CDSPI
1979 - 81	Member, Council on Constitution & By-Laws, CDA.

GEORGE SIMPSON BEAGRIE

Born in Scotland in 1925, Dr. G.S. Beagrie was educated at the University of Edinburgh where he received the LDSRCS in 1947 and the DDS in 1966.

From 1951 to 1968 Dr. Beagrie was a member of the Faculty of the University of Edinburgh where he held the position of Professor and Chairman of the Division of Restorative Dentistry from 1963 to 1968.

In 1968, Dr. Beagrie was appointed Professor and Chairman of the Division of Clinical Sciences at the University of Toronto, and from 1974 to 1978 held the positions of Chairman of the Graduate Department of Dentistry and Director of the Division of Postgraduate Education at that university. Dr. Beagrie was appointed to his present position as Dean of the Faculty of Dentistry, The University of British Columbia, in 1978.

Dr. Beagrie is a Fellow in Dental Surgery of the Royal College of Surgeons (Edinburgh), and a Fellow of the Royal College of Dentists of Canada (President, 1977-79), and the International College of Dentists. He is a member of the Pierre Fauchard Academy, and of the International Association for Dental Research (President, 1977-78). From 1968 to 1976 he served as a member and Scientific Officer on the Dental Sciences Committee of the Medical Research Council of Canada. Dr. Beagrie has been a member of the Commission on Dental Education and Dental Practice (Vice-Chairman, 1977-80) of the Federation Dentaire Internationale since 1974, and is presently Chairman of the FDI/WHO Joint Working Group on Integrated Planning of Oral Health Services, and a member of the Scientific Program Committee of FDI. He has been a consultant to the World Health Organization since 1975.

Dr. Beagrie is the author of more than fifty articles published in refereed journals of the dental profession.

CURRICULUM VITAE

Name DR IAN C BENNETT, DEAN
Address FACULTY OF DENTISTRY
DALHOUSIE UNIVERSITY
HALIFAX, N. S. B3H 3J5 Postal Code _____
Office Telephone No. 424-2274 Area Code _____

EDUCATION: 1943-50 Birkenhead School, Birkenhead, Cheshire, England; 1950
University Scholarship. Distinction: Scholarship Physics.
Credit: Pure Mathematics and Chemistry. Pass: Applied
Mathematics. Awarded County Major Scholarship.
1950-56 Liverpool University, Liverpool, England. 1954-55 Treasurer,
Dental Student Society. 1955 Secretary, Dental Student Society.
1955-56 President, Dental Student Society. 1956 Licentiate in
Dental Surgery of the Royal College of Surgeons of England.
1956 Bachelor of Dental Surgery Degree Awarded.
1958-59 University of Toronto, Ontario, Canada. 1959 Licentiate in
Dental Surgery of the Royal College of Dental Surgeons of
Ontario. 1959 Doctor of Dental Surgery Degree Awarded.
1962-64 University of Washington, Seattle, Washington. 1964 Master
of Science in Dentistry (Pedodontics) Degree Awarded.
Thesis: "An Investigation of the Enamel of the Teeth of Dogs
that Have Been Given Tetracycline During Their Period of
Dental Development." Advisor: Dr. David B. Law

ACADEMIC APPOINTMENTS:

1963-65 Dalhousie University, Halifax, Nova Scotia.
1976-Date
1963-65 Associate Professor and Head of the Division of Pedodontics
1976-Date Dean of the Faculty of Dentistry and Professor of Pedodontics
1965- 68 University of Kentucky, Lexington, Kentucky.
1965 Assistant Professor Pedodontics. 1968 Associate Professor
of Pedodontics. 1966-67 Assistant Coordinator of Medical Center
Television. 1967 Assistant Coordinator of the Division of
Medical Center Communications and Services. 1967-68 Director of
Medical Center Communication and Services.
1968-70 New Jersey College of Medicine and Dentistry, Jersey City, N.J.
1968-69 Associate Dean, College of Dentistry, Associate Professor
of Pedodontics. 1969-70 Dean, College of Dentistry, Professor
of Pedodontics.
1970-76 College of Medicine and Dentistry of New Jersey, New Jersey
Dental School, Newark, New Jersey. 1970-76 Dean and Professor
of Pedodontics.

HOSPITAL APPOINTMENTS:

1963-65 Head of the Dental Department, Halifax Children's Hospital,
Halifax, Nova Scotia
1969-76 Consultant, East Orange Veteran's Administration Hospital,
East Orange, New Jersey
1976-Date Active Consultant, The Izaak Walton Killam Hospital for Children,
Halifax, Nova Scotia

HONORS AND AWARDS:

- | | |
|---------|---|
| 1943-50 | Scholarship to Birkenhead School, Birkenhead, Cheshire, England (Seven Years Tuition) |
| 1950-56 | County Major University Scholarship (Tuition and maintenance for six (6) years to attend Liverpool University School of Dentistry). |
| 1966 | American Academy of Pedodontics Research Award for paper, "Incorporation of Tetracycline in the Developing Enamel and Dentin in Dogs" presented at the 19th Annual Meeting in Toronto, Ontario. |
| 1971 | Fellow of the American College of Dentists |
| 1976 | Fellow of the International College of Dentists |

CURRICULUM VITAE

Name CARVONIS, Michel
Address 153 promenade du portage, hull, que, J8X 2K4
Postal Code J8X 2K4
Office Telephone No. 777 - 7092 Area Code 819

PERSONAL HISTORY

Place of Birth: Tunis - Tunisia
Date: October 13th, 1949
Citizenship: Canadian since 1976, French origin
Languages: French, English, Creole
Schooling: Graduated from University of Montreal in 1976
Practice: General, with nitreous oxyde, since 1976
Location: 153 Promenade du Portage
Hull, Quebec
J8X 2K4
Memberships: A.C.D.Q., O.D.Q., A.D.C., A.G.D.
Chairman of National Dental Health Month since 1980
Taking courses in occlusion with S.O.S.
Hobbies: reading mostly political and psychological books
Sports: tennis, squash, windsurfing, soccer; member of
Ottawa Athletic Club.

CURRICULUM VITAE

Name Dr. Shaukat Chaney
Address College of Dentistry, University of Saskatchewan
Saskatoon, Saskatchewan Postal Code S7N 0W0
Office Telephone No. (306) 343-3361 Loc. 56 Area Code 306

Education

Pre-Dental: 1964-76, H. Wadia College, Poona, India
Dentistry (Undergraduate): 1967-71, Government Dental College, Bombay, India
Dentistry (Graduate): 1972-75, Department of Prosthodontics, University of
Minnesota, Minneapolis, Minnesota, U.S.A.

Present Employment Status:

Associate Professor - 1977 to date, Department of Prosthodontics, University
of Saskatchewan, Saskatoon, Saskatchewan
Director, Division of Removable Prosthodontics - June 1978 to date
Consultant to University Hospital Dental Clinic - 1976 to date
Consultant to Head and Neck Cancer Clinic

Publications

1. "Immediate Denture Impression Technique Using Zinc-Oxide and Eugenol
and Rubber Base Impression Material"
J.C.D.A., March 1977
2. "Phonetics and Denture Construction"
College of Dental Surgeons of Saskatchewan Newsletter, December 1977
3. "The Effects of Immediate Dentures on Certain Structural and Perceptual
Parameters of Speech"
J.P.D., July 1978
4. Contribution to text book: "Prosthodontic Treatment for Partially
Edentulous Patients"
The C.V. Mosby Company
5. "Fabrication of Copings and Tissue Bar: Teeth with Divergent Roots"
J.C.D.A., September 1980, Volume 46
6. "A Preliminary Impression Technique for Restricted Oral Access"
J.C.D.A., February 1981, Volume 47
7. "Restoration of Abutment Teeth for an Existing R.P.D.: A Review and
a Technique"
J.C.D.A., February 1981, Volume 47

Other University Responsibilities

College Committees:

1. Research and Graduate Studies Committee (Chairman) - 1981 to date
2. Advisory Committee - 1981 to date
3. Director, Intramural Practice Unit - 1981 to date

Membership in Professional Organizations

1. Saskatoon Dental Society
2. Canadian Dental Association
3. The Association of Prosthodontists of Canada
4. Canadian Academy of Prosthodontists

Offices Held in Professional Organizations

1. Senior Counsellor - Association of Prosthodontists of Canada - 1980
2. Vice-President - Association of Prosthodontists of Canada - 1981

BIOGRAPHICAL NOTES

Dr. P. Ralph Crawford

Place/Date of Birth: Winnipeg, Manitoba, 1928.

Marital Status: Married, Olga: 1952.
Son, Patrick: M.Sc. Studies, Entomology
Daughter, Aileen: High School.

Early Education: High School, Winnipeg: Grade XII 1945.

Early Employment:

- Theatre Manager, Famous Players Canadian Corporation in
Winnipeg, Brandon, Regina, Moose Jaw: 1948-1956.
- Lay Minister, United Church of Canada: 1954-1960.
(with pastoral duties in Southern Saskatchewan).

Pre: Professional:

- College of Notre Dame: Wilcox, Saskatchewan.
- University of Saskatchewan.
- University of Ottawa: B.A. 1959.

Professional:

- D.M.D. (Honours) University of Manitoba: 1964.
- General Practice 1964 - present, Winnipeg
(limited to removable prosthodontics since 1978)
- Part-time clinical demonstrator, University of Manitoba,
Faculty of Dentistry: 1964-1979.

Memberships:

1. Manitoba Dental Association:
 - Board Member: 1972-1978.
 - President: 1976
 - Chairman: Mediation Committee 1972-1975
 - Chairman: Ethics Committee 1974-1978
 - Chairman: Public Relations 1975-1978
 - Chairman: Denture Clinic Committee 1975-1979
 - Chairman: C.D.A. National Convention 1978
 - Chairman: M.D.A. Legislation Committee 1979 --
 - Manitoba representative N.D.E.B.
Board of Directors 1978-1979
 - N.D.E.B. Examiner, Prosthodontics 1976-1978
2. Winnipeg Dental Society -- President 1972
3. Fellow International College of Dentists.
Member: Omicron Kappa Upsilon.
Member: Xi Psi Phi Fraternity.
4. Executive member, Canadian Association of Prosthodontists
Associate member, American Academy Implant Dentistry.
5. President Elect, Alumni Association University of Manitoba.
6. Winnipeg Rotary Club.

CURRICULUM VITAE

PERSONAL DATA

NAME: John Howard Gryfe D.D.S., F.R.C.D.(C).
ADDRESS: 210 Dunvegan Road, Toronto M5P 2P2
TELEPHONE NUMBER: 416-488-0445
PLACE OF BIRTH: Toronto, Ontario.
DATE OF BIRTH: November 30, 1941.
CITIZENSHIP: Canadian .
MARITAL STATUS: Married, Ellen Shuster.
CHILDREN: Three, Robert - 1966
Steven - 1969
Andrew - 1973.
RELIGION: Jewish.
HOBBIES: English Literature, History of Toronto, Canoeing,
Photography.

EDUCATION

1964	D.D.S	University of Toronto, Faculty of Dentistry
1964-65	Rotating Dental Internship:	Montreal General Hospital Montreal Children's Hospital Royal Victoria Hospital
1965-66	Graduate School of Medicine	University of Pennsylvania
1966-67	Junior Resident, Oral Surgery	Doctors Hospital, Toronto
1967-68	Senior Resident, Oral Surgery	Doctors Hospital, Toronto
1968	Certification in Oral Surgery	
1971	Fellowship in Oral Surgery	Royal College of Dentist of Canada

TEACHING

1968-72	Associate, Dept. of Pathology, Faculty of Dentistry, University of Toronto (General Pathology)
1969-80	Associate, Dept. of Pathology, Faculty of Dentistry, University of Toronto (Oral Pathology)

PRACTICE

Senior Active Staff, Dept. of Dentistry, Oral Surgery, Humber Memorial Hospital,
200 Church Street, Weston, Ontario, M9N 1M8.

Acting Head, Dept. of Dentistry, Oral Surgery, York Finch General Hospital,
2115 Finch Avenue West, Downsview, Ontario, M3N 2N6.

PRIVATE PRACTICE

1920 Weston Road, Suite 209, Weston, Ontario, M9N 1M4.
(416) 249-1415

2115 Finch Avenue West, Suite 402, Downsview, Ontario, M3N 2N6.
(416) 745-4430

PROFESSIONAL MEMBERSHIP

1977-78 West Toronto Dental Society - President
Academy of Dentistry of Toronto
Ontario Dental Association
Canadian Dental Association
Israeli Dental Association
1977-81 Ontario Society of Oral and Maxillofacial Surgeons
Canadian Society of Oral and Maxillofacial Surgeons - President
Great Lakes Society of Oral and Maxillofacial Surgeons
International Association of Oral Surgeons
Alpha Omega Dental Fraternity
Academy of Medicine of Toronto

PAPER

1968 Branchial Cleft Cyst - Review of literature and report of case
"Oral Surgery, Oral Medicine, Oral Pathology"
(co-author)

1966 Multiple Fractures in Severely Atrophic Mandible - Journal Canadian
Dental Association
(co-author)

1978 Keratocysts - Review and Report of Multiple Recurrences in a Patient
Published January 7, 1978, Journal Canadian
(co-author)

PRESENTATIONS

1974 Management of Post Surgical Emergencies - Annual Scientific Meeting
of the Ontario Dental Association

1977 Management of Dento Alveolar Injuries - Federation Dentaire
International - Toronto

- 1977 Preprosthetic Surgery for the General Practitioner - Toronto
 Academy of Dentistry - Winter
- 1978 Clinical Oral Pathology for the Dentist - Ontario Dental
 Association - Annual Scientific Meeting
 (co-author)

BOOK REVIEWS

- 1981 Richard Maurice Bucke, Medical Mystic. Author, Artem Lozynsky.
 Published, April 1981, The Journal, The Academy of the History
 of Dentistry.
- 1981 Choices: Realistic Alternatives in Cancer Treatment, Author,
 Marion Morra and Eve Pats. Published, April 1981, The Journal,
 The American Academy of the History of Dentistry.

CURRICULUM VITAE

Name Rita Hurley
Address 2281 Hingston Avenue, Montreal, Quebec
Postal Code H4A 2J3
Office Telephone No. Area Code

General

Born - 6/6/47, Detroit, Michigan, U.S.A.
Marital Status - Single
Physical - 5'6", 130 lbs., red hair, blue eyes, freckles
Health Status - Excellent
Citizenship - Canadian

Academic

1961 - 1965 Robichaud High School, Dearborn Heights, Michigan
1965 - 1967 Wayne State University, Detroit, Michigan
1970 - 1972 Santa Monica College, Santa Monica, California
1972 - 1974 B.A. in biology, UCLA, Los Angeles, California
1974 - 1977 M.Sc. in biology, McGill University, Montreal, Quebec
1977 - 1978 Ph.D. in biology- withdrew from program, McGill University
1978 - 1982 D.D.S., McGill University, Montreal, Quebec

Positions held

1964 - 1965 Senior Class President at Robichaud High School
1975 - 1978 Student Representative to the Graduate Training Council
in Biology at McGill University
1978 - 1982 Canadian Dental Association Student Representative
1979 - 1981 Treasurer for the McGill Women's Squash Club
1979 - 1980 Team Captain for the McGill Women's Squash Club Team
1979 - 1981 Chief Returning Officer for the Dental Students' Society
1980 - 1981 Coach for the McGill Women's Squash Club Team "C" Division
1980 - 1981 Team member for McGill Women's Squash Club Team "B" Division
1980 - 1982 Chairman of the Promotion & Publicity Committee of
SQUASH QUEBEC
1980 - 1983 Student Governor to the Canadian Dental Association's
Board of Governors
1980 - 1983 Member of the Canadian Dental Association's Council on
Student Affairs
1980 - 1982 Women's Intercollegiate Sports Council Representative for
the McGill Women's Squash Club
1981 - 1982 Vice President of Marketing of SQUASH QUEBEC

Memberships

1978 - Present	Canadian Dental Association
1979 - Present	Alpha Omega Fraternity (contributing author to Probe & Mirror)
1980 - Present	Coaching Association of Canada
1980 - Present	German Wine Society
1980 - Present	Opimian Society
1978 - Present	Quebec Order of Dentists
1975 - 1978	Canadian Plant Physiologists Association
1979 - Present	McGill Womens' Squash Club

Awards

1980	McGill University Dental Student Society Award
1981	McGill University Scarlet Key Award

CURRICULUM VITAE

Name Bruce M. Jackson

Address 22-22 Water St. South, Kitchener, Ontario

Postal Code N3G 4K4

Office Telephone No. 578-4500 Area Code 519

Dental Activity

Graduated University of Toronto - 1950
General practice in Kitchener since 1950
Member ODA, CDA since graduation
Past-President Waterloo Wellington Dental Society
Member of Fee Guide Committee for 6 years, last 2 as Chairman
Presently Secretary-Treasurer of Canadian Academy of Prosthodontics
Member of Board of Governors since 1977
Member of Executive Council since 1979
Served as liaison on Communications, Constitution and By-Laws,
Health Care Committees and the ad hoc Committee on Admissions

Non-Dental Activities

Past-President, Boy Scouts of Canada, North Waterloo District
Past-President, Boy Scouts of Canada, Provincial Council for
Ontario
Member and Past Chairman of Official Board, Forest Hill United Church
Married with 3 children

CURRICULUM VITAE

Name Dr. Yosh Kamachi
Address 109 Worthington St. W., North Bay, Ontario
Postal Code P1B 3B3
Office Telephone No. 472-3730 Area Code 705

Born in New Westminster, B.C. August 25, 1934.

Education

Attended public and high school in Kamloops and New Westminster, B.C.
B.A. - 1956 - University of British Columbia
D.D.S. - 1960 - Dalhousie University

Military

Served in the Royal Canadian Dental Corps from 1958 - 1969.
Served at H.M.C.S. Naden, Esquimalt, Camp Chilliwack, Marville, France,
and CFB North Bay
Retired with rank of Major in 1969 to set up private practice in North Bay

Professional

President, North Bay and District Dental Association - 1975 and 1976 -
Chief of Dental Services, North Bay Civic and St. Joseph's Hospitals-1978 & 1979
Member, Joint Hospitals Dental Advisory Committee 1977 - present
Chairman, Communications Committee, Ontario Dental Association - 1977 - 1981
Member, Council on Information Services, Canadian Dental Association,
1979 - present
Fellowship, Academy of General Dentistry - 1978 in Atlantic, Ga.
Elected to Pierre Fauchard Academy in 1979
Treasurer, Academy of General Dentistry, Ontario Division
Canadore College - organized and started Dental Program in 1971. Served
as member and Chairman of the advisory committee, instructor and
director of programming. Actively involved until 1978 until full time
staff took over. Recipient of "Block Award" for service to Canadore
College. This college trains hygienists and is a CDA accredited
assistant program.

Church

Member and Chairman of Finance of the First Baptist Church, North Bay

Community Service

Lion's Club - member since 1968 and served as president 1978-79. Received International Lion's Award for service to the Hearing and Speech area in 1978.

Baseball - Active member of the West Ferris Minor Baseball and North Bay Baseball Association. Umpired for 9 years in this league and is a carded umpire of the Ontario Baseball Association.

Hockey - Served as Director, Executive of the Association and managed teams.

Nipissing Children's Mental Health Services - Charter Director - 1980 to present.

Home and School- Served as President of the Lakeshore Home and School Association and on Ad Hoc Committees of the Nipissing Board of Education on "Moral Development" and "Open Area Schools".

Family

Married to wife Jean

Two boys - Stephen attending University of Toronto
Douglas attending West Ferris High School entering grade 13

CURRICULUM VITAE

Name William Terrence Koltek
Address 202 - 952 Main Street
Winnipeg, Manitoba Postal Code R2W 3P4
Office Telephone No. 586-9613 Area Code 204

Born: November 16, 1946

Education: BSC - Manitoba 1967, DMD - Manitoba, 1974

Professional: Associate Private Practice with Dr. Walter
Grenkow 1974 - 1977

Solo Private Practice 1979 - present

Committees:

Past

Member - MDA Public Relations Committee 1975

Present

Editor - MDA Bulletin since 1978

Secretary-Treasurer - Winnipeg Dental Society

Co-Chairman - Winnipeg Society for Occlusal Studies

Married with three children

CURRICULUM VITAE

Name Jean Laporte
Address 814 Holland
Québec, P.Q. Postal Code G1S 3S2
Office Telephone No. 527 8443 Area Code 418

Date de naissance: 1 août 1936

Marié à : Pierrette Miller
3 enfants: Nathalie, Brigitte, Eric

B.A. : 1959 collège Ste. Marie, Montréal

D.D.S. : Université de Montréal 1964

Capitaine corps dentaire: 1964 - 1969

Pratique privée : Québec 1969 - à aujourd'hui

Président fondateur société d'analgésie dentaire de l'est du Québec: 1974

Président société dentaire de Québec: 1975

Vice Président: A.C.D.Q. : 1976

Exécutif : A.C.D.Q. : 1974 - 1977

Conseil administration: CDA 1979-1980-1981

Exécutif CDA: 1980-1981

CURRICULUM VITAE

Name Dr. Larry Lawrence
Address 3042 Younge Street, Toronto, Ontario
Postal Code M4N 2K4
Office Telephone No. Area Code

Married - 1967

Graduate D.D.S., University of Toronto - 1968

C.U.S.O. Dentist, Uganda East Africa - 1968 - 70

Masters Program University of Toronto - M.Sc.D.

Fellow of the Royal College of Dentists in Prosthodontics -
1976

Past-President of the Association of Prosthodontists of Ontario

Chairman of Canadian Board of the African Medical and Research
Foundation (E.A. Flying Doctors)

In private practice and part-time teaching

Publications: Our Man in Uganda, Strength Modification of Polycar-
boxylate cement with Fillers, Zinc Polyacrylate
Cement as an Alloplastic Bone Implant, Cervical
Glass Ionomer Restorations: A Clinical Study

CURRICULUM VITAE

Name DR CLEMENT S. LEBLANC

Address 250 BONACCORD STREET, MONCTON, N.B.

Postal Code E1C 5M6

Office Telephone No. 389-2557 Area Code 506

Education

Primary: St Therese School, Dieppe, N.B.

Secondary: Assumption College, Moncton, N.B.

University: Bachelor of Science (Major Math. and Chem.) 1957

University of St Joseph, (now Un. of Moncton)

Doctor of Dental Surgery (honors) 1961

University of Montreal

- Atlantic Provinces representative as a clinical examiner for the National Dental Examining Board of Canada (5 years)
- Member of the Board of Directors of the N.B. Dental Ass.
- Member of the N.B. Dental Per Review Committee.
- Chairman of the N.B. Dental Ass. Negotiating Committee with the Provincial Government.
- N.B. Representative to the National Dental Examining Board.
- Chairman Selection Committee for dental students of the Atlantic Provinces for the University of Montreal and Laval Dental School.
- Past President of the Moncton Dental Society.
- Chief of dental staff (10 years) at the Dr G.L. Dumont Hosp.
- Chairman of the N.B. Dental Society's "Examining Board"
- National Director for the Boy's Club of Canada.
- Director of Moncton East End Boy's Club.
- Past President of the East End Boy's Club. (5 years)
- Past Chairman Regional Council of Boy's Club of Canada N.B. Chapter.
- Past President Richelieu Club, Moncton.
- Founding President "Cercle Universitaire de Moncton".

For his work in the past, Dr LeBlanc was awarded the Boy's Club "Silver Key Stone" award. This is the highest award discerned to lay persons by the organization. On the occasion of the 25th anniversary of the Queen's accession to the Throne Dr LeBlanc was a recipient of Her Majesty the Queen's "Silver Jubilee Medal".

He is presently a member of:

- N.B. Dental Society.
 - Canadian Dental Society.
 - Academy of General Dentistry.
-

CURRICULUM VITAE

Name JOHN WARREN MACKAY

Address 417 - 750 Spadina Crescent E.
Saskatoon, Saskatchewan

Date and Place of Birth: 24/3/29 - Biggar, Saskatchewan

Education: B.A. - University of Saskatchewan - 1950

Dental School or Faculty - Alberta - 1954

Offices Held in Organized Dentistry:

Council Member & Past President -
College of Dental Surgeons of Saskatchewan

Past President & Secretary - Saskatoon Dental Society
Chairman, Provincial Convention - 1972
Member, Council on Dental Services CDA - 1971-72
Member, Council on Health Care CDA - 1972 - 1976
(last three years Chairman of Dental Services
Committee of that Council)
Member, Board of Governors CDA - 1976 to present

Practice: 1954 - present - Saskatoon, Saskatchewan

Lodges and Clubs: Saskatchewan Lodge #16-A.F. & A.M.
Kiwanis
Board Member and three years as President,
Saskatoon Symphony Society
Member & Past President - Saskatoon Choral Society
(25 years)

Sports, Hobbies and Other Interests:

Scouting-Troop Scouter, Venturers Advisor
Asst. Regional Commissioner - Training,
Camping, Canoeing and Cross Country Skiing
for Northern Saskatchewan
Gardening and Bridge

Married: Wife - Elaine
Children - one son, Ian
four daughters, Patricia, Heather, Leslie, Debbie

Other Information: Two years part-time staff - University of
Saskatchewan College of Dentistry (Prosthetics)

United Church of Canada (Choir Member)

Supplementary Reserve - Dental Corp (Captain)

Dr. Edward George Sonley

High School - Lawrence Park Collegiate Institute - Grad. 1951

University of Toronto, Faculty of Dentistry 1951 - 1956

D.D.S. Honours Graduate - 1956

- AWARDS:
1. W. George Switzer Memorial Award
 2. Academy of Dentistry Prize
 3. The First Henry Thompson Scholarship
 4. The Alpha Omega Fraternity Award
 5. The Hugh Alexander Hoskin Award
 6. The Oral Anatomy Scholarship

Honorary F.I.C.D. - 1981

PRACTICE

Ontario Red Cross Dental Coach - towns of Bruce Mines, Bar River
and Echo Bay - 1956 - 1957

Dept. of Public Health, Dental Division, City of Toronto - half-time
1957 - 1958

Private Practice - Willowdale, 1957 to present

Hospital for Sick Children - Staff Member - 1957 - 1964

TEACHING - Faculty of Dentistry, University of Toronto 1960

Associate - 1962

Associate Professor - Apr. 1981

- have taught at various times in Depts. of Restorative Dentistry,
Periodontics, Orthodontics and Dental Materials.

PAST ACTIVITIES

A. Past President

North Toronto Dental Society
Ontario Chapter, Canadian Society of Dentistry for Children
Omicron Kappa Upsilon, Tau Tau Chapter, Honor Dental Society
Toronto Dentistry for Children Study Club
Royal College of Dental Surgeons of Ontario

B. Past Chairman

Ad Hoc Committee on Third Parties, Royal College of Dental Surgeons
Committee on Anaesthesia, RCDS
Education Committee, RCDS
Complaints Committee, RCDS
Discipline Committee, RCDS

B. Past Chairman (cont'd):

Mouth guard Committee, Ontario Dental Association
Dental Insurance Programme for Children, Ontario Dental Association
Committee on Drug Use, Ontario Dental Association

Former Secretary - Treasurer:

Ontario Chapter, Canadian Society of Dentistry for Children

C. Past Committee Member:

Dental Public Health Committee, Ontario Dental Association
Convention Committees, Ontario Dental Association
Manpower Committee, Faculty of Dentistry
Search Committees, for Dean & Director of Clinics,
Faculty of Dentistry
Board and Executive, National Dental Examining Board of Canada
Written Examiner, Orthodontics and Paedodontics, National Dental
Examining Board of Canada
Task Force on Dental Health Care Costs,
Ministry of Health, Gov't of Ontario
Fluoridation Committee, Health League of Canada

D. Present Committee Activities (1981)

Member of Council and Executive, Council of Health,
Ministry of Health, Province of Ontario
Chairman, Committee on Human Resources, Council of Health,
Ministry of Health, Province of Ontario
Member, Board of Governors, Canadian Dental Association
President - Elect. Toronto Dentistry for Children Study Club

E. Papers Given

- various times and locations on topics such as: -
 - Orthodontics for Adults
 - Dental Materials: Spherical Alloys and Cavity Liners
 - Restorative Dentistry in the Young Patient
- O.D.A. Conventions, North Toronto Dental Society, Ontario Chapter, Canadian Society of Dentistry for Children

Program Speaker:

- General areas - Organized Dentistry in Ontario
- Manpower in Dentistry
 - Discipline & Complaints Procedures
 - Malpractice
 - Union Clinics and "Storefront" Dentistry

Such papers given in: - Belleville, Kingston, Toronto,
Mississauga, London, Ft. Francis, Timmins, Ottawa,
Kirkland Lake, Windsor

F. Other Interests:

- Member, Art Gallery of Ontario
- Subscriber, Toronto Symphony Orchestra
- Former Leader, Ranchdale Wolf Cub Pack
- Travel, particularly to more remote parts of Canada
- Cottages, Land'O'Lakes area of Ontario
- "Student" of history, 18th Century to present related to Western Europe, Africa and North America.
- Member, Federation of Ontario Naturalists.

G. Current Memberships:

East Toronto Dental Society
Ontario Dental Association
Canadian Dental Association
Pierre Fauchard Academy
Omicron Kappa Upsilon, Tau Tau Chapter
Andy Anderson Study Club
Toronto Dentistry for Children Study Club.

CURRICULUM VITAE

Name D.L. Thompson
Address 68 Clarendon Road, N.W., Calgary, Alberta
Postal Code T2L 0P3
Office Telephone No. 287-3746 Area Code 403

Served RCNVR - Second World War

Graduate of University - 1950

President of Calgary & District 1964

President, Alberta Dental Association 1978

Practice of Dentistry: Solo Practice 1950 - 1973

Group Practice 1973 - Present

Married - wife's name - Mary

4 children - three daughters - 1 son

Son Dentist - Dr. John Thompson

Daughter Pam married to Dr. Eric Brown (Dentist)

Daughter Patricia - studying dentistry at University of
Alberta

Interests: Sports (all)

Travel (anywhere)

BIOGRAPHICAL NOTES

BRIGADIER GENERAL W.R. THOMPSON

Born: Campbellford, Ontario 28 Oct 1923

Graduate: Toronto 1949 - D.D.S.

Toronto 1969 - Oral Surgery Certification

Practice: Military service in numerous locations in Canada
and overseas as a general practitioner, oral surgery
specialist, clinical instructor and dental administrator

- 1961 - Advanced Dentistry Training, Walter Reed Army Medical Centre
- 1961-65 - Instructor at Canadian Forces Dental Services School, Canadian
Forces Base Borden
- 1973 - Fellow of International College of Dentists
- Honorary Dental Surgeon to the Queen
- 1975-80 - Chairman of the Defence Forces Dental Services Commission
of the F.D.I.
- 1976 - Present Director General Dental Services, Canadian Forces
- Member Board of Governors, CDA
- 1978 - Order of St John awarded by St John's Ambulance
- 1979 - Fellow of Royal College of Dentists
- Pierre Fouchard Medal awarded by National Order of Dentists
of France
- 1980 - Executive Council CDA
- Executive Liaison to Council on Education

Member: Canadian Dental Association, Ontario Dental Association,
Royal College of Dental Surgeons of Ontario, Canadian and
Ontario Societies of Oral and Maxillo Facial Surgery

Personal:

Married

Wife - Doris

Children - Barbara, Paul and Scott

Hobbies:

jogging, boating, X country skiing, gardening

CURRICULUM VITAE

Name RICHETTO F. VALENTINI
Address 5421 - 11st St. N.E. Suite 101,
Calgary, Alberta Postal Code T2E 6M4
Office Telephone No. _____ Area Code _____

Born - March 11, 1935 - Copper Cliff, Ontario

Graduate - University of Toronto - 1962

Post-Graduate - D.D.P.H.

Position: Dental Officer, Mountainview Health Unit, Calgary

Married: Wife, Maureen
Children, Shaun
Sheilagh

Memberships: Calgary Squash Club
Italian Club of Copper Cliff

Hobbies: Squash, gardening, community affairs

CURRICULUM VITAE

William Ian Vogan

GENERAL INFORMATION:

Home Address:	30 Albion Road Jollimore Halifax, Nova Scotia Tel. (902) 479-1501
School Address:	Division of Periodontics Department of Restorative Dentist School of Dentistry Dalhousie University 1312 Robie Street Halifax, Nova Scotia
Office Address:	1545 Birmingham Street Halifax, Nova Scotia
Birth Date and Place:	October 11, 1943
Spouse:	Margaret Robertson Whyte; born, January 18, 1946
Children:	Drummond Grant Vogan; born, March 17, 1972 Kendal Christina Vogan; born, December 30, 1975
Social Security Number:	115-717-456
Citizenship:	United States of America

EDUCATION:

High School:	Lawside R.C. Academy, Scotland 1955-1961 S.C.E. Diploma
Pre-Dental and Professional Schools:	St. Andrew's University, Scotland 1961-1968 B.D.S. Degree University of Southern California 1969-1971 Periodontics Certificate

University of Southern California
1969-1972
D.D.S. Degree

PROFESSIONAL CAREER EXPERIENCE:

Director, Post-Graduate Periodontics, Dalhousie University
- 1978 - Present
Visiting Lecturer, School of Dentistry, New York University
- 1977 - Present
Associate Professor of Periodontics, Dalhousie University -
1975 - Present
Director, Undergraduate Periodontics, 1973 - 1975, USC
Assistant Professor, Periodontics, 1971 - 1975, USC
Part-Time Clinical Instructor, 1969 - 1971, USC
Senior House Officer, Periodontics, 1968 - 1969, Dundee
Dental School General Practice, 1968 - 1969
House Surgeon, Oral Surgery, 1968-1969, Dundee Dental School

HOSPITAL APPOINTMENTS:

Staff Appointment - Camp Hill Hospital, Halifax, N.S.
Courtesy Staff Appointment, Aberdeen Hospital, New Glasgow, N.S.
House Surgeon, Oral Surgery - Dundee Dental School
Senior House Officer, Periodontics - Dundee Dental School

PRIVATE PRACTICE:

Limited to Periodontics, 1975 - Present, Halifax
Limited to Periodontics, 1971 - 1972, Los Angeles
General Practice, 1968 - 1969, Dundee, Scotland

PROFESSIONAL AWARDS:

Part 1 of American Board of Periodontology, 1971
Post-Doctoral Fellow in Cellular and Molecular Biology,
1972-1973
Elected to OKU, 1974
Elected to Pierre Fouchard Society, 1978.

PROFESSIONAL SOCIETIES:

American Academy of Periodontology
Canadian Academy of Periodontology
International Association for Dental Research
Canadian Dental Association
Nova Scotia Dental Association
Society of Dental Specialists of Nova Scotia

Halifax County Dental Society
Atlantic Society of Periodontology

CLINICAL AND RESEARCH ACTIVITY:

Clinical Periodontics

Wound Healing Mechanisms

The Role of Cellular Interactions in Periodontal Disease

The Biomechanics of Periodontal Disease and Therapy

Recipient of Research Award, NIDR, DE-03513-01, 1970-1971

Recipient of Research Award, NIDR, DE-00094-11, 1972-1973

Principle Investigator: The Biomechanics of Osseous Surgery

\$3,850 funded, October, 1974, California Dental
Association

Co-investigator: Molecular Nature of Gingival and Mucosal

Collagen, NIDR, DE-03318-04, \$243,713. Approved
for funding December, 1974

Co-investigator: NIDR, DE-13318-03

PUBLICATIONS:

"Traumatic Gingival Recession", British Dental Journal, 127:
176-6, 1969

"Dental Knowledge and Attitudes", British Dental Journal, 128:
481-6, 1970

"Ultrastructural Observations of Human Gingival Crevicular
Epithelia: Basal Lamina". H.C. Slavkin, I. Vogan, P. Bringas,
S. Stahl and L.A. Bavetta, J. Dent. Res. Vol. 49, 49:60, 1971b.

"Immediate Repair of Gingival Biopsy Sites", Oral Surgery, Oral
Medicine, Oral Pathology, 40:3-333-335. 1975.

"Ability of Salt and Acetic Acid to Extract Human and Gingival
Collagen", J. Dental Research. Vol. 54, No. 5, p. 1095, 1975.
(With M. Schneir, H. Yu, J. Yavelow, A. Liu-Montcalm
and D. Furuto).

"The Biomechanical Effects of Periodontal Surgery". W. Ian Vogan,
D. Grenoble and A.C. Knowell. J. Dent. Res. 54: 119, 1975A.

"The Psyche and Pain", O.C.D., Sc. Ed. Jrnl. Vol. VIII, No. 2,
1975.

"Periodontal Considerations of Crown Contours: A Re-appraisal",
Journal of Preventive Dentistry, Vol. 3, No. 4, July-August,
1976.

"The Biomechanical Effects of Simulated Osseous Surgery". J.
Periodontal Res. 11: 360-367, 1976.

"A Mathematical Investigation of the Biomechanical Effects of
Simulated Periodontal Surgery", J. Periodontal Res., 12:4,
290-297, 1977.

PAPERS PRESENTED:

Periodontology Section, I.A.D.R., Chicago, 1971.

Western Society of Periodontology, Annual Meeting,
San Diego, 1971.

Guest Lecturer, St. Andrew's University, Dundee, Scotland,
1972, 1977.

Southern California Academy of Children's Dentistry,
Los Angeles, 1973.

I.A.D.R., New York, 1975. Paper presented March, 1975.

COURSES PRESENTED:

Mid-Pacific Study Group, Honolulu, 1972

Combined Lecture and Demonstration Surgery Course

Cote D'Azur Study Club, 1973, Lecture Course

Club Odontologique de Perfectionement, Nice, France, 1974

2 courses: a) Lecture

b) Lecture and Surgery Demonstration Course

- Various Post-graduate courses at Dalhousie, USC and at
Dundee covering:

"Periodontics for General Practitioners"

"Gracey Instrumentation"

"Minor Oral Surgery under I.V. Valium Sedation"

"Restorative Dentistry and Periodontics"

- Post-graduate courses in St. John, New Brunswick, November,
1975, 1977. Sydney, Nova Scotia, February, 1976.

Gander, Newfoundland - May, 1980.

CURRENT COMMITTEE RESPONSIBILITIES:

Committee of Product Acceptance - Canadian Dental Association

Ethics Committee, Canadian Dental Association

Research Committee, School of Dentistry, Dalhousie University

CURRICULUM VITAE

Name GEORGE A. ZARB

Address University of Toronto, 124 Edward Street,
Toronto, Ontario

Born: October 28, 1938, Valetta, Malta

Graduated: University of Michigan - 1963 - DDS

Practice: Private Practice in Toronto - 1963 to present

Fellow of the Royal College of Dentists of Canada

Other Duties:

Professor and Chairman, Prosthodontics, Faculty of Dentistry,
University of Toronto

Head: Restorative Dentistry, Toronto General Hospital

Head: Prosthodontics Section, Dental Department and
Member of Facial Treatment & Research Centre,
Hospital for Sick Children's, Toronto

Consultant to the Dental Department, Mount Sinai Hospital, Toronto

Personal: Married
Three children

STUDENT AFFAIRS

REPORT OF THE COUNCIL ON STUDENT AFFAIRS TO THE 1981 ANNUAL CDA BOARD OF GOVERNORS

Council members: Dr. William M. Leskiw, Niagara Falls, Chairman
Dr. David Baird, Port McNeill
Dr. Lynn Tomkins, Toronto
Ms Rita Hurley, Montreal
Mr. David Kapusianyk, Saskatoon
Mr. Peter Judd, London

Executive Liaison: Dr. John MacKay

1. Council Meetings

The Council has met twice since the last Board on March 9, 1981, and April 27, 1981.

A. Matters Requiring Board Action

1. Council Restructure

Council reviewed its structure with a view toward establishing greater communication with all dental students through representation from all dental faculties.

After thoroughly discussing the merits and disadvantages of three separate proposals, Council concluded that the structure be changed.

RESOLVED:

That the present Council on Student Affairs be restructured in the following way:

(a) 10 voting members (two of whom are elected as -

- (i) CSA Chairman-Elect
- (ii) CSA Governor-Elect

Appendix I

(b) 1 Chairman

(c) 1 CSA Governor (non-voting);

(d) 1 Past CSA Governor (voting);
1 Past CSA Chairman (voting).

ADOPTED

STUDENT AFFAIRS

1. Council Restructure (Cont'd.)

FURTHER RESOLVED:

That

- (a) *two meetings per year be held in addition to the Annual Canadian Dental Students' Conference providing format and funding are adequate;*
- (b) *Council representation to other Council meetings be determined by the Chairman of Council;*
- (c) *the election of both Governor-Elect and Chairman-Elect be held during the first Council meeting in the school year.*

to read: a) agrees with points b) and c) and with a) amended two meetings per year, one to be held in conjunction with the Annual Canadian Dental Students' Conference providing format and funding are adequate;

ADOPTED

2. Graduate Package and Dinner

Council discussed CDA co-sponsorship of graduate luncheons for the University of Western Ontario and the University of Toronto graduates, and felt that in spite of the fact that membership in the province of Ontario is voluntary, Council could not justify offering a luncheon for some faculties and not others.

RESOLVED:

That CDA discontinue their sponsorship of this event and channel the allocated funds to an alternate project benefitting equally all Canadian dental students.

ADOPTED

3. Canadian Pharmaceutical Association - Compendium

Council learned that the Canadian Pharmaceutical Association was no longer distributing, gratis, their Compendium of Pharmaceuticals and Specialties to senior dental students. All members felt that the CPS would be a valuable asset to all dental students. (Estimated cost for the CPS is \$20.00 per copy, available through the Canadian Pharmaceutical Association.)

STUDENT AFFAIRS

3. Canadian Pharmaceutical Association - Compendium (Cont'd.)

That CDA consider providing a complimentary copy of the CPS to each graduating dental student who has been a CDA student member throughout his/her undergraduate dental program.

The Board disagrees due to budgetary implications.

B. Information Not Requiring Board Action

1. Practice Management

Council felt that it lacked the expertise to evaluate the information it had accumulated on practice management and therefore Dr. Robert Brandon, Assistant Professor in the Department of Paediatric and Community Dentistry at the University of Western Ontario, was requested to undertake the task. Dr. Brandon is very well qualified to assist the Council since he is not only on staff at the University, but he also has a private practice and is thus aware of the problems related to practice administration from a teaching, as well as a practical point of view. It is anticipated that Dr. Brandon's review and evaluation of these materials will be available in the fall.

2. Graduate Residency and Internship Programs

To date, materials are almost complete and ready for publication.

Council is investigating the cost of printing approximately 100 copies and distributing them as follows:

- (a) One copy each to the dental faculty
 - (i) Library
 - (ii) Dental Students' Office
 - (iii) Dean's Office
- (b) Copy to members of the Council on Student Affairs
- (c) Remaining copies - CDA Resource Centre

3. CDSC.81

Conference site selection for September 1981 has been confirmed at Dalhousie University from Wednesday, September 23 to Saturday, September 26, 1981.

STUDENT AFFAIRS

4. CDA Student Manual

The manual will be finalized once Council restructuring has been approved and completed, but until such time, a condensed version along with a letter of explanation has been sent to all new CDA student representatives.

5. CDSPI

An update on activities is as follows:

- (a) The graduate package has been upgraded to include -

\$25,000 Life Insurance
\$10,000 Accidental Death & Dismemberment

- (b) In 1980, 80% of all new graduates renewed coverage.

- (c) CDSPI has requested classroom time for presentations at most faculties.

- (d) A Glossary of Terms is being developed by CDSPI.

6. Student Membership Drive Materials

A cost evaluation will be done at the time of printing to determine whether there would be substantial savings in limiting distribution of these materials to first and second year students (with renewal notices to all remaining students). If the saving is minimal, materials will be distributed to all students as has been the tradition in the past.

7. Welcome to the Profession Receptions

A letter is being sent to all dental student societies requesting input into the benefit of such an event. Once the information is gathered, Council will discuss how each school would benefit most from the funds presently allocated for these receptions. Hopefully, this will occur at Council's next meeting. The Welcome to the Profession receptions in 1981, however, will continue.

8. Council and Student Involvement in 1981

A representative from the Council on Student Affairs will be attending meetings of the following organizations:-

- (a) National Dental Examining Board of Canada
- (b) The CDA Council on Education
- (c) CDA Board
- (d) Association of Canadian Faculties of Dentistry
- (e) American Student Dental Association

STUDENT AFFAIRS

9. Council on Student Affairs Newsletter

The concept of a newsletter on a needs-to-know basis has been approved by Council, with the suggested name of Dentoforum.

C. Summary

As my term of office both as Chairman and a member of the Council on Student Affairs, comes to a close, I would like to take this opportunity to formally thank both the Canadian Dental Association and the dental students of Canada for their interest and support in Council, its activities and objectives. It is my sincere hope that their interest and support will continue in the future as Council fulfills its objective of both representing and serving Canadian dental students.

Respectfully submitted,

William M. Leskiw, DDS,
Chairman,
Council on Student Affairs.

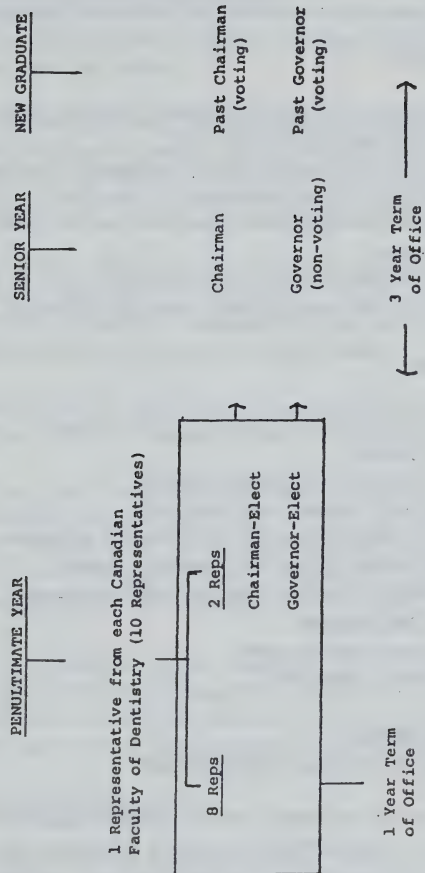
ADOPTION OF REPORT

The Board accepts the Report of the Council on Student Affairs with thanks.

APRIL 27, 1981

COUNCIL STRUCTURE

APPENDIX I



REPORT ON THE
EVALUATION OF STUDENT PROGRAMS

INTRODUCTION

The following report has been prepared to review CDA's student program and to formulate recommendations that will

- (1) introduce all Canadian dental students to the CDA;
- (2) obtain 100% student membership in the CDA;
- (3) enhance and expand CDA's profile at all ten Canadian faculties of dentistry;
- (4) prepare graduates for a full and active role in Association activities;
- (5) reaffirm and expand student knowledge of the CDA.

METHODOLOGY

The following areas and programs will be reviewed:

Existing Programs

- (1) The CDA Council on Student Affairs
- (2) The annual student membership drive
- (3) CDA's annual Welcome to the Profession receptions
- (4) The Graduate Package and graduate luncheon
- (5) The annual Canadian Dental Students' Conference

Suggested New Programs

- (1) A student award program
- (2) A student newsletter

EXISTING PROGRAMS

- (1) THE CDA COUNCIL ON STUDENT AFFAIRS

The CDA Council on Student Affairs presently consists of six representatives chosen on a staggered basis to serve a three-year term of office. Two representatives to the yearly Canadian Dental Students' Conference are elected by their peers to become members of the Council on Student Affairs. These two new representatives join four other representatives, selected during the past two years, thus forming a Council membership of six representatives

- two third year students
- two fourth year students
- two new graduates

Student representatives to the NDEB, ACFD, Council on Education, American Student Dental Association, CDA Board and Conference Chairmanship are assigned internally with the exception of the latter two positions, which are delineated at the time of election to the Council.

Recommendation - It is suggested that the Canadian Dental Association would be better served by reviewing its present Council structure with the intent of investigating ways in which Council could be more representative of all Canadian dental faculties and thus, all Canadian dental students.

Under the present structure, however, it is possible to have only a maximum of four dental faculties represented on the Council at any one time. Two of the six representatives on Council are graduates who have no direct link with a dental faculty during their final year as a Council member.

It is also possible, to have one dental school represented twice on Council with many other faculties holding no Council representation at all.

Consideration could be given to expanding the Council to include one representative from every Canadian faculty of dentistry. In this way, CDA would have greater contact with students at all ten Canadian faculties of dentistry and could work directly with its Students' Council in formulating programs and policies of interest and benefit to both students and CDA alike.

The expansion of CDA's Student Council to include all dental schools and student representatives would also increase CDA's profile and input particularly at those dental faculties presently not represented on the CDA Council on Student Affairs and should involve no appreciable alteration in budget.

(2) THE ANNUAL STUDENT MEMBERSHIP DRIVE

Student membership in the CDA has increased from 55% (1975) to 93% (1980). High student participation can be attributed to the following factors:

- (1) an attractive student membership package;
- (2) the hard work and efforts of the CDA rep in promoting CDA's student membership;
- (3) eligibility through CDA student membership for an excellent graduate insurance package and free CDA membership after graduation;

- (4) a high CDA profile at the dental faculties through CDA's sponsorship of various events such as the Welcome to the Profession reception;
- (5) the annual Canadian Dental Students' Conference.

Student membership materials are forwarded in bulk to the CDA reps for distribution to all dental students during the first few weeks of the academic year.

This approach to membership has worked extremely well. Student reps carry responsibility for the membership drive by being on site at the school to speak to their fellow students, answer questions and make referrals for further information.

Recommendation - It is suggested that CDA retain this format of information distribution with added emphasis on training representatives and disseminating information to them.

(3) CDA'S WELCOME TO THE PROFESSION RECEPTIONS

Since 1977, the CDA has conducted annual visitations to each Canadian dental faculty in conjunction with the sponsorship of a reception (luncheon) for dental students.

Assessment - Over the years, student response to this event has varied. At some faculties, attendance is high and CDA's "Welcome to the Profession" reception has become an annual student event. At other faculties, response has been poor (see appendix).

It would be incorrect to attribute high CDA student membership solely to the "Welcome to the Profession" receptions, since even at those faculties where attendance is low, student membership has been maintained at a relatively high level.

It would be fair to state, however, that CDA's annual visit to the faculties has -

- (1) enhanced and supported a program primarily actioned by the student reps;
- (2) reinforced, to the students, CDA's interest in dental students;

- (3) provided students with additional information in excess of that provided in the brochure and through the reps with the intent of giving them a basic knowledge of the CDA which they will carry with them beyond their dental school years;
- (4) introduced them to contact people - CDA Governor, staff, insurance experts, etc. whom they can contact if the need arises.

Recommendations - In reviewing CDA's visit to the dental faculties, it would appear that in some instances, they do serve a purpose. The lecture/reception format presently in operation has worked well at some faculties and has become an intrenched part of the orientation process.

At other faculties, little interest is felt for a CDA visit and reception for dental students.

It is suggested that CDA, through its Council on Student Affairs, re-evaluate the cost effectiveness of the receptions and develop alternatives to the present approach, particularly at those faculties where student response is poor. Suggested alternatives include

- (1) replacement of the reception with a grad luncheon on an alternate basis
- (2) a CDA lecture and slide presentation held during classroom time;
- (3) co-sponsorship of an already existing student function.
- (4) the increased availability of CDA staff (Director of Student Affairs) during other times of the year for school visitations

The adoption of a formula approach however, is discouraged since different schools respond differently to CDA's visit. At some schools CDA's activities are closely linked to participation by the provincial association.

It is recommended, however, that a re-evaluation occur with a view toward possibly maintaining the receptions where they are a positive factor and developing alternatives to the present format where it is deemed expedient in light of cost and student response.

(4) THE GRADUATE PACKAGE AND GRADUATE DINNER

Commencing in 1980, all new graduates received a special package of information and list of CDA services as a means of familiarizing them with the CDA. In Ontario, CDA co-sponsored graduate luncheons at both the University of Toronto

and the University of Western Ontario.

Recommendations - This format has worked well in familiarizing students with the CDA and in creating a higher profile for the CDA in provinces where membership is voluntary.

The importance of developing an interesting, informative and useful package of information for all dental school graduates cannot be understated. Emphasis should be placed on the many benefits which new graduates receive through their support of the CDA and through their continued support of Association activities.

The graduate package and grad luncheon (where it is deemed necessary) are important vehicles in preparing graduates for a full and active role in Association activities.

(5) THE CANADIAN DENTAL STUDENTS' CONFERENCE

The Canadian Dental Students' Conference is an annual event held in the fall to familiarize student reps with the CDA and organized dentistry. It is held on site at a different Canadian dental faculty to encourage student knowledge and awareness of other faculties of dentistry and promote student body awareness of the CDA and its various activities.

The importance of the Student Conference cannot be understated for it prepares all CDA reps for their forthcoming role at the dental faculties by broadening their knowledge of all aspects of organized dentistry.

Recommendations - A restructuring of the present CDA Council on Student Affairs would, in essence, turn the Student Conference into the first yearly meeting of the CDA Council on Student Affairs.

With this in mind, consideration could be given to broadening the objectives of the Conference to include greater interaction between CDA and the dental student body on site at the dental faculty.

SUGGESTED NEW PROGRAMS

(1) A STUDENT AWARDS PROGRAM

One means of enhancing CDA's profile at the dental faculties, would be through the sponsorship of an awards program at all Canadian faculties of dentistry.

Funds presently earmarked for various CDA social events could be redirected into an awards program.

A suggestion to consider would be the implementation of a CDA book award for one student in each year of dental study to be conferred at the annual awards dinner which is traditionally held by the Dean at most Canadian dental faculties. In this way, students at all dental faculties and in all years of study would be aware of the CDA award. The awards could be conferred by the CDA Governor or other CDA notables throughout the country.

Recognition of CDA's support of "academic excellence and all-round achievement" could be obtained through a promotion of the awards program in the CDA Journal and a plaque which is held at each school noting the names of recipients of CDA's book awards.

(2) A CDA STUDENT NEWSLETTER

The enhancement of CDA's profile to all dental students can only be achieved through the greater flow of information between CDA and its student bodies. One means of achieving this end is through the inclusion of all dental faculties on the CDA Council on Student Affairs. Another means is through an increased flow of information back to the students. One such vehicle would be a CDA student newsletter published by the Department of Student Affairs on a "needs-to-know" basis. Note: Comparable to CDA Communique.

Increased participation by all dental faculties at the Council level would expedite the development of a student newsletter geared towards all students at all faculties of dentistry.

CONCLUSION

The above is a cursory evaluation of CDA's student program as it is presently structured with certain recommendations toward enhancing and highlighting CDA's profile at the dental faculties. All recommendations have been made with a view toward increasing CDA's exposure and broadening its decision making base to incorporate all dental schools and thus, all dental students.

Respectfully submitted,

Linda Teteruck,
Director of Student Affairs.

<u>DATE</u>	<u>SCHOOL</u>	<u>TIME</u>	<u>FORMAT</u>	<u>ATTENDANCE</u>	<u>BUDGETED COST</u>	<u>CDA STUDENT MEMBERSHIP</u>
Sept. 15/80	Montreal	6:00-7:30 p.m.	-Pizza & Beer -Faculty lounge -Brief talk by H. Drouin C. Gallant Ordre	50% of student body	\$400	80-81 79-80 79% 80%
Sept. 16/80	McGill	5:00-5:30 p.m.	Lecture on CDA by L. Teteruck -C. Gallant -Ordre	All 1st & 2nd year students	\$400	98% 96%
		6:00-7:30 p.m.	Pizza & Beer -Brief talk by -L. Teteruck C. Gallant Asst. Dean	80% of student body		
Sept. 17/80	Western Ontario	4:00-4:30 p.m.	Lecture on CDA & ODA by -Dr. R. Evans Dr. B. Holmes	1st year only- 100%		
		4:30-6:00 p.m.	Reception -sandwiches beer coffee	All 4 years-80% attendance	\$500	99% 99%
Sept. 18/80	Toronto	4:30-5:00 p.m.	Lecture on CDA & ODA by -Dr. R. Moran Dr. B. Holmes	1st year only- 85%		
		5:00-5:45 p.m.	Reception -wine & cheese	1st year-60%	\$500	99% 100%

<u>DATE</u>	<u>SCHOOL</u>	<u>TIME</u>	<u>FORMAT</u>	<u>ATTENDANCE</u>	<u>BUDGETED COST</u>	<u>CDA STUDENT MEMBERSHIP</u>	
						<u>80-81</u>	<u>79-80</u>
Sept. 29/80	Manitoba	12:30-1:15 p.m.	Lecture -Dr. R. Crawford L. Teteruck	25% of total student body	\$300	88%	88%
		1:15-2:00 p.m.	Reception	25% of total student body			
Oct. 2/80	Saskatchewan	5:00-7:00 p.m.	Wine & Cheese Speeches by -Dr. J. Mackay -Dr. G. Peacock -Mr. C. Gallant	75% of total student body	\$350	100%	100%
Oct. 7/80	Alberta	1:00-2:00 p.m.	Classroom Lecture -L. Teteruck -Dr. McClelland, Pres. ADA	100% 1st year	\$350	94%	87%
		5:00-7:00 p.m.	Wine & Cheese	50% of all 4 years			
Oct. 9/80	British Columbia	12:30-1:30 p.m.	Lecture on CDA -L. Teteruck -C. Gallant	15% - 30% of total student body	\$300	95%	98%
		7:00-10:00 p.m.	Reception -wine & cheese	30% of total student body			
Oct. 20/80	Dalhousie	4:30-5:00 p.m.	Lecture on CDA -L. Teteruck	100% 1st year students	\$300	97%	100%
			Reception/Meeting -Atlantic Provs. and CDA	70% all 4 years			
Oct. 21/80	Laval	5:00-7:00 p.m.	Lecture on CDA -Dr. Laporte Reception	60%-70% of total student body	\$300	91%	96%

CANADIAN ACADEMY OF ENDODONTICS

REPORT TO THE ANNUAL 1981
CDA BOARD OF GOVERNORS

Executive 1981

Past-President	Dr. Stephen M. Brayton	Halifax
President	Dr. F. Bruce Burns	Toronto
President-Elect	Dr. Joel Edelson	Toronto
Treasurer	Dr. Marshall Peikoff	Winnipeg
Secretary	Dr. Michael Sherman	Hamilton

1. The Mid-Winter Executive meeting was held December 7th, 1980 at the Inn on the Park Hotel in Toronto, with thirteen members in attendance.
2. The Annual Meeting will be held in Vancouver, British Columbia from October 16 through October 18, 1981.

Committee Chairman	Dr. Barry Chapnick
Local	Dr. John Fraser
Arrangements	Dr. Fred Weinstein

3. The Seventh Annual Endodontics Teacher's Workshop will be held Friday, October 15, 1981 with Dr. Joel Edelson as Chairman.
4. Membership in the Academy is 107 (one hundred and seven), with several applications to be acted upon at the next annual meeting.
5. Two excellent C.A.E. Newsletters have been published by our Co-Editors Dr. Lorne Chapnick and Dr. Barry Chapnick. A one-man Committee, Dr. John Phillips, has seen to the publication of a revised Constitution and a new up-to-date Roster.
6. Continuing Education Chairman, Dr. Marshall Peikoff of Winnipeg is offering again the services of Endodontic Speakers to interested groups on behalf of the C.A.E.

Yours Sincerely,

Michael Sherman, Secretary

ADOPTION OF REPORT

The Board receives the Report of the Canadian Academy of Endodontics with thanks.

ORAL PATHOLOGY

REPORT OF THE CANADIAN ACADEMY OF ORAL PATHOLOGY TO THE 1981 ANNUAL BOARD OF GOVERNORS

The 15th Annual Meeting of the Canadian Academy of Oral Pathology was held in Charleston, South Carolina on May 6, 1981. In the absence of the President, Dr. R. Brooke, the meeting was chaired by Dr. A. Elgeneidy of Dalhousie University, the President-Elect.

During this meeting, considerable discussion ensued as to the state of two papers prepared by members of our academy for publication by the Canadian Dental Association. Dr. P. Sapp had prepared a manuscript on diagnostic procedures, and Dr. R. Priddy had prepared a document on smoking and oral cancer. Originally, both of these were designed to be published in the form of a pamphlet available to dentists throughout Canada. Dr. Sapp's paper had been published in the Journal of the Canadian Dental Association in the interim. The members of the Academy felt strongly that both of these documents should be available in pamphlet form and Dr. J. Hardie agreed to contact the Executive Director of the Canadian Dental Association on behalf of the Society to pursue the matter of these publications.

Three new members were accepted into the Academy, bringing our total membership to 42 members. With one exception, those oral pathologists who have left Canada and are now working elsewhere have retained their membership in the Academy.

The Nominating Committee presented their slate of officers for executive positions and standing committees and this was unanimously accepted by the members present. The incoming executive consists of: President: Dr. A. Elgeneidy, Vice President: Dr. B. Harsanyi, President-Elect: Dr. G. Wysocki, Secretary-Treasurer: Dr. D. Mock. The following members were elected to the Standing Committees: Nominating Committee: Dr. R. Priddy, Membership Committee: Dr. R.J. McComb, Professional and Public Relations Committee: Dr. R. Morency.

The accreditation of Faculties of Dentistry was also discussed at some length at this meeting. It came to the attention of the members present that the Canadian Dental Association has granted full accreditation to a dental school or schools which do not have trained or accredited oral pathologists on their staff and that the Council on Education was acting against their own guidelines in so doing. The following motion was made and carried unanimously by the members present:

ORAL PATHOLOGY

That the Academy express to the Canadian Dental Association its disquiet with the full accreditation of undergraduate programs in faculties with no appropriately trained oral pathologists on staff.

It was also agreed that this motion not only be included in the report to the Board of Governors, but be forwarded to the Executive Director and the Chairman of the Council on Education.

The members present agreed that the 16th Annual Meeting of the Canadian Academy of Oral Pathology should be held during the week of May 2-7, 1982 in Reno, Nevada, in conjunction with the Annual Meeting of the American Academy of Oral Pathology.

David Mock,
Secretary-Treasurer,
Canadian Academy of Oral Pathology

ADOPTION OF REPORT

The Board notes that with regard to the pamphlet mentioned in the foregoing report, this has been printed in the Journal and is available in reprint form.

The Board receives the Report of the Canadian Academy of Oral Pathology with thanks, and notes the motion therein has been actioned.

ORAL AND MAXILLOFACIAL SURGEONS

REPORT OF THE CANADIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS TO THE 1981 ANNUAL BOARD OF GOVERNORS

In the past year the Canadian Association of Oral and Maxillofacial Surgeons held a Convention in the fall at the Harbour Castle Hotel. The topic presented was TMJ - diagnosis, pathology, treatment of disorders etc.

The Convention was well attended by the delegates, who came from all parts of the country. The Convention Committee enjoyed great success in both their clinical program and the social functions.

The Canadian Association of Oral and Maxillofacial Surgeons also held two Executive meetings - October 31, 1980 at the Harbour Castle Hotel, and April 4, 1981 at the Westin Hotel Toronto. At these meetings the future direction of the Society over the upcoming years was planned by the Executive.

The slate of nominees for 1982 is as follows:

President	Dr. M.E. Mickleborough
Past President	Dr. J.H. Gryfe
President-Elect	Dr. P. Surprenant
Treasurer	Dr. R.E. Warren
Secretary	Dr. B.M. Abrams
Advisory Committee	Dr. J.H. Gryfe
Constitution	Dr. E.P. Millar
Education	Dr. F.W. Lovely
Insurance	W.S. Prusin
International Affairs	Dr. A.E. Swanson
Hospital Services	Dr. D. Precious
Membership	Dr. L. Trudel
Information	Dr. V. Moncarz (interim 1981/82 - Dr. G. Maranda)

It was noted that Dr. A. Swanson has assumed the post of Professor and Chairman of the Department of Oral and Maxillofacial Surgery at the University of British Columbia. The Society extends its congratulations and best wishes to Dr. Swanson in his new position.

The Society noted with deep regret the passing of Dr. Paul L. Rondeau, in a skiing accident last year, and extends its sympathy to Mrs. Rondeau.

ORAL AND MAXILLOFACIAL SURGEONS

Future meetings of the Society are planned in Ottawa in October, 1981, and in Toronto in October, 1982.

Respectfully submitted,

George C. White, D.D.S., F.R.C.D.(C)
Secretary

ADOPTION OF REPORT

The Board receives the Report of the Canadian Association of Oral and Maxillofacial Surgeons as information with thanks.

ORTHODONTISTS

REPORT OF THE CANADIAN ASSOCIATION OF ORTHODONTISTS TO THE 1981 ANNUAL BOARD OF GOVERNORS

An interim executive meeting of the Canadian Association of Orthodontists was held in Toronto on April 3, 1981. The meeting was well represented by the Component Societies.

The members present were:

Dr. R.D. Haryett - President
Dr. P. Porter - Atlantic Provinces
Dr. S. Miller - Quebec
Dr. R. Bozek - Ontario
Dr. F. Hechter - Manitoba
Dr. G. Robertson - Alberta
Dr. R. Markey - British Columbia
Dr. M. Crompton - Past President
Dr. R. Hicks - Vice-President
Dr. E. Holthe - Chairman, Calgary CAO Convention
Dr. J.L. Ares - Secretary-Treasurer

Several matters were discussed at the April meeting which may be of interest to the Board of Governors. These included:

Report of Dr. R. Hicks - Chairman, CDA Taxation Committee

Dr. Hicks provided the meeting with some very valuable input on contemporary policy and problems facing the CDA. Dr. Hicks elaborated on the following items:

- A. New continuing education allowances. In addition, he suggested the CAO should publicize the fact that the CAO annual convention can be a continuing education credit.
- B. Changes in Tariffs governing the importation of dental materials. Dr. Hicks elaborated on the efforts of the CDA concerning Bill C-50 which has reimposed duty on all dental materials. The CDA is attempting to get an amending formula to Bill C-50. The CDA is opposed to duty on dental materials but would support a duty on "dental prosthesis". Of interest to the orthodontic specialty, Dr. Hicks indicated that orthodontic materials are treated differently than dental materials. Orthodontic appliances are treated as a treatment appliance and not as a dental prosthesis.
- C. Consumer Sales Tax
This tax is applicable in all provinces which have a sales tax. The orthodontists should keep a record of all goods bought out-of-province.

ORTHODONTISTS

D. R.R.S.P.

This program, with a \$5500.00 annual allowance, has not changed in about 10 years and should be increased in line with increased costs of living and inflation. The CDA is looking into other avenues of Private Registered Savings Plans.

E. Management Companies

CDA stresses it is important to have a proper management contract set up between the company and the dentists.

F. CDA Conventions

The CDA would like the Specialty Groups to hold their annual meetings conjointly with the CDA.

G. CDA Orthodontic Pamphlet

The CDA will be issuing an informative pamphlet on Orthodontics which will be made available to Canadian dentists. The pamphlet will basically answer questions concerned with the what? the why? the who? the when? and the how? of orthodontics. Input was requested from the CAO to insure an accurate and informative pamphlet. Dr. Haryett volunteered to help in this matter in consultation with colleagues at the University of Alberta.

Membership Committee

- A. It was noted with regret the passing of Dr. B. Dixon. Dr. Dixon was a founding member of the orthodontic section in 1949. In 1953, Dr. Dixon served as President. A motion was passed to contribute \$50.00 to the CFDE in memory of Dr. Dixon.
- B. For the past while, non CAO members have been receiving the CAO newsletter, information and annual Directories. A motion was passed that non CAO members will be informed in the next CAO newsletter that effective next year, no further CAO communications or Directories will be sent to orthodontists who are not members of the CAO. Further to this, proof of orthodontic certification will be requested from all new applicants for membership in the CAO.
- C. Honorary Life Membership

Dr. K. Walley, Vancouver, B.C., will be presented an Honorary Life membership for his 40 years service in Distristry at the Calgary meeting.

ORTHODONTISTS

CAO Orthodontic Endorsement Forms

The new CAO form is having problems being accepted by certain component societies, despite the fact all of them supported it in principle. Many orthodontists use the form in the Maritimes. Most, if not all, of the orthodontists use it in Quebec. Ontario is very happy with their own form. B.C. utilized it's own form and has an excellent relationship with the carriers. Their form provides more information than the CAO form re: starting date, breakdown of fees (monthly fee, retainer fee, etc.) time of active treatment. Most of the Alberta orthodontists are still using the Alberta form. In summary the CAO form is in trouble. Drs. Bozek, Markey and Miller have agreed to consult and draft a revised form which would be acceptable to all the component societies. The revised form will be presented at the Calgary meeting.

The Canadian Foundation for the Advancement of Orthodontics

At a previous meeting, the CAO established the "R.R. McIntyre Memorial Lectureship." This lectureship will provide a speaker at the annual CAO Convention which would be part of the Scientific program. In order to fund the lectureship, it has been decided to apply for a charitable organization licence and number. The organization will be known as "The Canadian Foundation for the Advancement of Orthodontics." As soon as the licence has been granted, Dr. J. Dale will initiate a canvass of Canadian orthodontists and dental colleagues for charitable donations.

Convention Committee Report - on Halifax Meeting - July, 1980

The convention chairman, Dr. Barro, reported that 58 members attended the meeting. A surplus of \$259.00 was refunded to the CAO.

Calgary CAO Convention - August 28-31, 1981

Dr. E. Holthe, Convention Chairman, presented a report on the Scientific and Social aspects of the meeting. An appended copy (Appendix I) of the Scientific Program summarizes the proceedings.

Toronto CAO Convention - May 1982

The Executive decided to hold the 1982 meeting at Toronto in conjunction with the annual CDA meeting.

ORTHODONTISTS

American Association of Orthodontists Annual Convention - San Francisco - May 1981

A reception was sponsored by the CAO for Canadian Orthodontists at the San Francisco Hilton on Sunday, May 3, 1981. The reception was hosted by President and Mrs. Haryett. It was a very gratifying and worthwhile project. Seventy-five Canadian orthodontists from Halifax to Nanaimo attended along with the President and Executive Director of the AAO. I estimate there were another 20 Canadian orthodontists at the convention who did not get to the reception for various reasons.

Secretary's Report

There have been 11 resignations and/or retirements in the past year. Seven members are delinquent in dues from last year. The CAO now has 18 honorary life members. As of April, 265 members have paid annual dues.

Four applicants from last year have confirmed their CDA membership and can now become CAO members.

Eleven new CAO applications have been received. There are also six applications in limbo pending completion of forms and proof of CDA membership.

The CAO has a new bilingual application form.

New CAO Constitution and By-Laws

Dr. Crompton presented a draft of the new CAO constitution at the Executive meeting in April. The new constitution will be circulated to the members and presented for ratification at the Calgary meeting.

Respectfully submitted,

Rowland D. Haryett
D.D.S., M.S.D., F.R.C.D.(C)
President,
Canadian Association of Orthodontists

ADOPTION OF REPORT

The Board receives with thanks the report of the Canadian Association of Orthodontists and appreciates the Association holding its Annual Meeting in conjunction with the CDA Meeting in Calgary.

PAEDODONTICS

REPORT OF THE CANADIAN ACADEMY OF PAEDODONTICS TO THE 1981 ANNUAL CDA BOARD OF GOVERNORS

Executive: W.J. Simpson Edmonton, Past President
I.C. Bennett, Halifax, President
J.A. Derbyshire, Calgary, Vice-President
F. Pulver, Toronto, Secretary/Treasurer

1. The Canadian Academy of Paedodontics will hold its Annual Meeting in Toronto on June 7, 1981, in conjunction with the Fourth Canadian Congress of Dentistry for Children. Our Academy is one of the official sponsors of this Bi-Annual Congress.
2. Our 1982 meeting will be held in conjunction with the C.D.A. in Toronto in May. It has been a long standing policy of our Academy to meet with the C.D.A. every other year.
3. Our membership has shown continuous growth, and at present we have 106 active members and 5 new applicants.
4. Our Academy will be officially inviting (with the C.D.A.'s approval) the International Association of Dentistry for Children to hold their Eleventh Congress in Toronto in June, 1987. Drs. Frank Pulver and Bev Richardson will be our official delegates to this year's Congress in Davos, Switzerland, July 22 - 25, 1981.
5. Plans are under way to hold the Fifth Canadian Congress of Dentistry for Children in Calgary, Alberta in July 1983.

Respectfully submitted,

Frank Pulver,
Secretary/Treasurer

ADOPTION OF REPORT

The Board receives the Report of the Canadian Academy of Paedodontics with thanks.

PERIODONTOLOGISTS

REPORT OF THE CANADIAN ACADEMY OF PERIODONTOLOGY TO THE 1981 ANNUAL BOARD OF GOVERNORS

At the time of writing, we have 99 Active and 26 Associate members. In addition we have 4 Honorary and 2 Retired members. It should be noted that Dr. W.F. Walford, Montreal our first President, was unanimously elected as our 4th Honorary member. Another veteran Montreal periodontist, Dr. P.J. Gitnick has retired from active practice and is presently living in London, Ontario.

Unfortunately, two active members and one associate member have been suspended for failure to pay 1981 dues, however, the addition of 4 new active members and one associate member leaves the Academy with the same strength as in 1980. As you are aware, not all certified Canadian periodontists belong to this Academy. This despite an invitation to join this national body.

Geographically, the main strength remains in Ontario and Quebec. We do however have excellent representation (for their numbers) in British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick and Nova Scotia. Thus our membership is truly national in scope.

Our 1981 meeting will be held in conjunction with the American Academy of Periodontology convention being held in Toronto, October 21-24. Dr. J.E. Speck, Toronto, is the convention chairman being assisted by Dr. W.G. McIntosh, Toronto as a co-chairman, a number of Toronto periodontists are chairing various sections of this convention. While growth of the Academy has been less than spectacular, it remains a viable group in Canada.

Respectfully submitted,

Dr. F.C. Lackie,
Secretary

ADOPTION OF REPORT

The Board receives the Report of the Canadian Academy of Periodontology with thanks.

PROSTHODONTISTS

REPORT OF THE ASSOCIATION OF PROSTHODONTISTS OF CANADA TO THE 1981 CDA ANNUAL BOARD

The Association of Prosthodontists of Canada held an extremely successful annual meeting in Toronto May 2nd and 3rd, 1981. The meeting was organized by Dr. E. Rajczak and Dr. A. Tynio.

The Executive Members for 1981/82 are as follows:

President:	Dr. D.V. Chaytor
President Elect:	Dr. Paul Jean
Vice President:	Dr. S. Chaney
Sec'y-Treasurer:	Dr. Brock Love
Sr. Councillor:	Dr. Paul Sillis
Jr. Councillor:	Dr. J. Anderson

It was noted, and the Associated of Prosthodontists of Canada will await the outcome of items, page 295 - September 1980 Transactions and item, page 297 - September 1980 Transactions on their disposition from the respective councils.

The membership at its annual meeting endorsed the CDA position which supports tariff protection for the dental laboratory industry but seeks exemptions for dental materials. Activity on this issue will continue throughout the coming year.

The annual meeting to be held in 1982 will be in Montreal, Quebec on October 23rd and 24th, 1982.

Respectfully submitted

W. Brock Love
Secretary-Treasurer

ADOPTION OF REPORT

The Board receives the Report of the Association of Prosthodontists of Canada for information with thanks, and notes that the above items in the report (from the September 1980 Transactions have been directed as follows: Geriatric Care - Council on Health Care is dealing with this topic; and Sections and Groups - Constitution & By-Laws Council are considering revisions to the present document.

THE ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

The House of Delegates of the Association of Canadian Faculties of Dentistry met in Vancouver, B.C., on June 15, 1981.

Subsequently, the following motions were adopted and are transmitted to the Canadian Dental Association:

MOTION:

WHEREAS intern and residency programs currently accredited by the Council on Hospital Services are clearly identified as educational, the ACFD requests

THAT the CDA consider that their accreditation be undertaken by the Council on Education.

Following a recommendation from the Committee on Priorities with respect to the current uncertainty of dental manpower needs, it is recommended:

MOTION:

THAT the Presidents of the CDA and the ACFD explore the feasibility of a joint dental manpower study. The involvement of the National Health Resource and Development Program, the dental public health community, and the Federal dental health consultant, as may be appointed, should be explored.

MOTION:

THAT ACFD encourage the CDA, RCD(C) and NDEB to emphasize the use of courses in education in all dental specialty training programs, particularly where the graduate student is intending to follow an academic career.

The Association of College Faculties of Dentistry is appreciative of the very close liaison which has developed over the past few years with the Canadian Dental Association.

Respectfully submitted,

R.Y. Barolet,
President

ADOPTION OF REPORT

The Board receives the Report of the Association of Canadian Faculties of Dentistry as information, with thanks.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

AUGUST 1981

INTERIM REPORT

1. In my interim report presented last March, I provided detailed information on the Fund's progress in 1980. Although our records had not been audited at the time of writing my report, I can now let you know that the auditors made no changes in any of our statements. I would now like to report on developments so far this year and, in particular, on plans made at our annual Board of Trustees meeting.

1981 ANNUAL MEETING

2. The nineteenth annual meeting was held May 4-5, 1981 with all Trustees in attendance except our Vice-Chairman, Mr. Alex S. Currie, who was out of the country on a business assignment. It was my pleasure to welcome the new Trustees appointed at the Board of Governors meeting in September 1980, Dr. Fred Reid of Vancouver, Mr. Douglas Rutherford of Toronto and Dr. Walker Shorttill of Winnipeg.

GRANTS APPROVED FOR 1981

3. The Advisory Committee on Fellowship Selection met on April 24, 1981 with all members in attendance and the Chairman, Dr. A. M. Hunt, presented his report to the Trustees on May 4.
4. CFDE annually offers a \$2,000 grant for an existent dental teacher and the Advisory Committee selected the 1981 recipient for the approval of the Trustees.
5. The Committee recommended to the Board that two full fellowships and two half fellowships be awarded to dentists reapplying for CFDE support. It was also recommended that one full fellowship and ten half fellowships be awarded to dentists applying for assistance for the first time. Eleven applicants were turned down for various reasons, i.e. substantial university, residency or government agency support or lack of teaching commitment.
6. Eight teacher training fellowships were recommended for dental hygienists.
7. The Trustees were pleased to approve all of the Advisory Committee's recommendations. A value of \$5,000 was set for a full fellowship and \$2,500 for a half fellowship for dentists and \$1,000 for dental hygiene fellowships. Total cost for fellowships awarded was \$55,000, and since the majority of the recipients will be studying in the United States, the cost will be higher due to the Fund's current policy of making payment in the currency of the country where the recipient is studying. However, after discussion a resolution was passed stating that commencing in 1982 fellowship awards will be paid in Canadian funds.
8. The Committee also recommended some minor changes in granting policy and in the wording of the application form and instruction sheet. All of these suggestions were approved by the Board of Trustees.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

AUGUST 1981

9. Dr. Hunt's and Dr. Baker's terms of office expired with this year's Committee meeting. Both men stated they found their work on the Committee interesting and enjoyable and expressed a willingness to be of further assistance at any future time. Suitable resolutions were passed expressing the Trustees' deep appreciation for the outstanding service rendered by both Drs. Hunt and Baker.
10. Upon receipt of an application a grant of \$1,500 will be awarded to each of the ten Canadian dental schools. These grants are at the same level as in the previous year.
11. On the understanding that Colgate's contribution will be increased accordingly, a grant of \$8,171 was approved for the Canadian Dental Students' Conference to be held in Halifax next September.
12. An award of \$2,300 was approved for the Ad Hoc Committee on Funding Priorities.
13. The Fourth Canadian Congress of Dentistry for Children is to be held in Toronto June 5-7, 1981 and the Trustees approved a grant of \$1,000.
14. An amount of \$6,000 was included in the 1981 forecast as an estimated cost for the Canadian Dental Student Table Clinics.
15. Income from the Lorne E. MacLachlan Endowment Fund will total \$9,600 and, as directed by Dr. MacLachlan, will be divided equally between the Universities of Toronto, McGill, Dalhousie and Western Ontario.
16. \$3,700 was approved for completion of the research project at the University of Toronto sponsored by a Hospital for Sick Children Foundation grant.
17. An amount of \$6,000 was included in the 1981 forecast to help fund the Teaching Conference on "Clinical Competency Evaluation" to be held in Vancouver June 16-17, 1981.
18. Two scholarships, each with a value of \$250, were approved for undergraduate dental students in each dental school. Scholarship winners are selected by the respective schools.
19. A resolution was approved authorizing a grant of \$1,000 in support of the Sixth World Congress of Dental Care for the Handicapped to be held in Toronto in July 1982, said funds to be provided from the 1982 revenue and included in the 1982 budget.
20. Several smaller grants totalling \$4,700 were also approved.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

AUGUST 1981

CFDE LEASE

21. The fact that the Fund's lease expires next July 14 was placed on the Management Committee's agenda last December 12. It was referred to the annual meeting for a decision and after some discussion the following resolution was passed: "Resolved that the CFDE enter into a one year lease at the present location".

CANADIAN DENTAL RESEARCH

22. The position paper re Canadian dental research presented by Drs. Ten Cate and Smith was given careful consideration and the following resolution passed: "Whereas the Board does not agree with the proposal for the establishment of a separate foundation for dental research on the basis of the information provided, be it resolved that the Ad Hoc Committee on Funding Priorities be requested to review the whole matter of CFDE's involvement in dental research in Canada".
23. It was decided that the possible use of Ontario Ministry of Health Provincial Lottery Health Research Awards - Block Grants be pursued and a Research Advisory Committee appointed by the Board Chairman.

FUND RAISING

24. After Dr. W. K. Martin's retirement in 1980, it was decided that the provinces of Alberta and Saskatchewan should both be represented by Dr. D. E. Upton of Calgary. Since there are approximately 1,000 dentists in Alberta, it was now decided (with the agreement of both Trustees involved) that a more equitable distribution would be achieved if the Saskatchewan dentists (315) were represented by the Trustee from Manitoba, Dr. W. W. Shortill. The combined total of dentists in Manitoba and Saskatchewan is about 800.
25. After reviewing an analysis of 1980 personal contributions from dentists of \$100 or more, it was decided that commencing in 1981 a new category should be established to be known as "Patrons" and reserved for those dentists contributing \$200 or more.
26. Mr. Drouin assured the meeting that the CDA Journal would publicize "October - CFDE Month" again this year.
27. It was agreed that as in the past general mailings should be sent to the profession in May and September with a possible selective mailing in December.
28. Recognizing that personal solicitation is perhaps the most effective means of increasing contributions, it was agreed that the Trustees should organize such a campaign in their respective areas again this year.
29. It was decided that if a Company could be found which was prepared to underwrite the cost, an information brochure providing up-to-date information on the Fund's activities should be produced.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

AUGUST 1981

AD HOC COMMITTEE

30. As reported in March, the Ad Hoc Committee on Funding Priorities under the Chairmanship of Dr. W. G. McIntosh held an initial meeting on October 6, 1980. Specific assignments were given to each Committee member at that time and a second meeting is scheduled for June 1, 1981. The Committee's final report is expected later this year.

CDA-CFDE MEETING

31. On April 30, 1981, Murray McDonald and I attended a meeting in Montreal with Drs. Utas, Williams and Covit and Mr. Drouin. The only matter discussed was CDA's generous offer to assist in increasing company contributions.

BOARD OF TRUSTEES

32. Mr. Alex S. Currie, Vice-Chairman of the Board, who, as mentioned previously, was unable to be present at the meeting, has now completed his second three-year term and is, therefore, not eligible for reelection. The Board recorded its deep appreciation to Mr. Currie for the outstanding contribution he has made to the progress of the Fund during his term of office. It was decided that Mr. Rutherford should consult the Dental Industry Association of Canada for suggestions as to a replacement for Mr. Currie.
33. Dr. Robert Dupont has now completed his first three-year term of office and kindly agreed to serve for a second period of three years.
34. I have now had the honour of serving as Chairman of the Board of Trustees for the past three years and this would normally complete my term of office. There are several matters which remain uncompleted, principally the report of the Ad Hoc Committee on Funding Priorities, and my fellow Trustees requested unanimously that I consider serving for an additional period of one year. This I am most happy to do.

OVERHEAD

35. As always, everything possible is done to keep operating expenses to a bare minimum. There are still only two staff members and I can assure you they both work a considerable amount of overtime with no remuneration and the eleven members of the Board of Trustees receive no remuneration other than out-of-pocket travel expenses. The ratio of overhead to total income for an organization such as CFDE varies considerably from year to year depending on the receipt of substantial contributions from government and foundations or endowment gifts. During the past eighteen years, or since the Fund was first organized, overhead has averaged 26% of income which is exceptionally low, keeping in mind that the Fund bears the cost of both collecting and distributing income.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

AUGUST 1981

36. I also continue to be deeply concerned that the Fund is personally and directly supported by only 12% of Canadian dentists. Obviously if this percentage figure could be significantly increased, there would be a corresponding significant improvement in the ratio of overhead to total income.

APPRECIATION

37. For several years CDA has made an annual gift of \$500. This contribution was, I am sure, inadvertently overlooked in 1980 and I can now report that a gift of \$1,000 was received early this year covering 1980 and 1981.
38. I would also like to add that the publicity the Fund has received in the pages of the CDA Journal has been excellent and we are most appreciative of this assistance.

Respectfully submitted,

James A. Guest, D.D.S.
Chairman
CFDE Board of Trustees

May 29, 1981

ADOPTION OF REPORT

The Board receives the Report of the Canadian Fund for Dental Education with thanks

NATIONAL DENTAL EXAMINING BOARD

NOTE:

Due to the change in date of the Annual Meeting of the NDEB (from June to November, 1981), a report will not be available until the March, 1982 Board of Governors meeting.

The Registrar had previously stated that this change would

- a) give the Board more opportunity to discuss examination evaluation committee recommendations, and
- b) necessitate a change of the fiscal year-end from April 30 to September 30. Future financial statements would present a clearer picture of the Board's assets due to the Fall being a more financially inactive period of the Board.

(Extract from NDEB Report to the 1981 Annual Board of Governors)

THE ROYAL COLLEGE OF DENTISTS OF CANADA
ANNUAL REPORT TO
CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS MEETING
AUGUST 28 - 29, 1981

I welcome this opportunity to address the Board of Governors of the Canadian Dental Association with respect to the activities of The Royal College of Dentists of Canada during the past year. A summary follows.

At the Annual Meeting of the College in June 1980, Council decided in favour of introducing a new category of association to the College known as "Membership"; it also decided that the present Part I examination be modified and thus become the "Membership" examination. Given the agreement of the National Dental Examining Board of Canada, this examination will also serve as the NDEB/RCDC certification examination.

This new Part I examination will be introduced in June 1981 and is composed of two parts, written and oral, both directed towards establishing a candidate's clinical knowledge in his specialty. Thirty-nine candidates in seven dental specialties will take the examination at two centres established in Canada, one in Toronto and the other in Edmonton.

The College's 1981 Annual Meeting, Convocation (at which nine Fellowships and four Honorary Fellowships will be conferred) and Symposium on "Dentistry for the Disabled" will be held in Calgary from August 28 to September 1.

At the request of the Canadian Dental Association, the symposium was arranged to coincide with the National Convention and Annual Meeting of the Board of Governors. Six dental specialists of international reputation have been invited to address various aspects of dentistry for the disabled (in recognition of The International Year of Disabled Persons) to Fellows of the College and members of the CDA. Health and Welfare Canada and the Alberta Heritage Foundation for Medical Research have generously provided financial assistance for the symposium, the papers from which will be published in the October 1981 issue of the CDA Journal.

I will complete my two-year term of office as President of the College on August 29, 1981, at which time Dr. J.H.P. Main, Vice-President, will assume the position.

Yours sincerely,



Norman Levine
President

ADOPTION OF REPORT

The Board receives the Report of the Royal College of Dentists of Canada with thanks.

SUBMITTED RESOLUTIONS

According to Article XXV - Submitted Resolutions of the Constitution and By-Laws:

"In order to receive the attention of the Board of Governors at annual sessions, "submitted resolutions" so labelled must be submitted by Corporate Members at least thirty days prior to the Board session at which the resolution is to be considered.

Resolutions (Appendix 1) were considered by the Board of Governors and it was

RESOLVED:

THAT auxiliaries sit on the Council on Health Care and Council on Education only when items of their specific concerns are being discussed and prior notice to this effect has been given in writing.

ADOPTED

Related materials (Appendix 2) is provided as background information to the above resolution.

RESOLVED:

THAT the Board consider restructuring of corporate fees in Ontario and Quebec and refer to Executive Council for further action and study.

ADOPTED

ASSOCIATION DES CHIRURGIENS DENTISTES DU QUEBEC

APPENDIX 1

TRANSLATION

BY HAND

Mr. Hubert Drouin
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario

July 10, 1981

Sir:

We hereby submit two draft resolutions we would like to be discussed at the next CDA's Board of Governors Meeting. The resolutions are submitted within the time required to be placed on the agenda under the specific relevant items.

RE: Council on Health Care

It is proposed that auxiliaries sit on the Council on Health Care only when items of their specific concerns are being discussed and prior notice to this effect has been given in writing. Copy of the said notice must appear in the Committee's Minutes.

RE: Corporate Members Annual Contribution

Whereas the annual contribution of CDA's active members has been substantially increased recently;

Whereas the said contributions provide substantial revenues to the CDA;

Whereas the corporate members contribution at its actual rate constitutes a double contribution for the dentists;

Whereas it is more profitable to the CDA to increase its active membership and taking into account that corporate members, whose membership is voluntary, will initiate a membership campaign to increase the number of CDA's active members;

It is proposed that the corporate members' contribution be considered as a token contribution, that is \$1.00 for any active member having already paid full contribution to the corporate member organization.

Thank you for considering the above submitted resolutions.

Yours truly,

Claude Chicoine, d.d.s.
President

*Association
des chirurgiens dentistes
du Québec*



APPENDIX 1

Le 8 juillet 1981

JUL 10 1981

PAR MESSAGEUR

Monsieur Hubert Drouin
Directeur général
Association dentaire canadienne
1815 Alta Vista Drive
Ottawa, Ontario

Monsieur le directeur général,

Vous trouverez ci-après deux projets de résolutions que nous aimerions discuter lors du prochain Bureau des gouverneurs de l'A.D.C.. Nous vous les soumettons dans les délais requis afin que celles-ci apparaissent aux items les concernant spécifiquement.

RE: Council on Health Care

Il est proposé que le personnel auxiliaire siège sur le Council on Health Care seulement lors de la discussion des items les concernant spécifiquement et suite à un avis écrit à cet effet. Copie dudit avis devra apparaître au procès-verbal du Comité.

RE: Cotisation annuelle de membre corporatif

Attendu les récentes et importantes augmentations des cotisations annuelles des membres actifs de l'A.D.C.;

Attendu que ces mêmes augmentations génèrent des revenus substantiels pour l'A.D.C.;

Attendu que la cotisation corporative à son taux actuel constitue, pour le dentiste, une double cotisation;

Association
des chirurgiens dentistes
du Québec
4159 est, rue Bélanger
Montréal, Québec H1T 1A2
(514) 376-7861

APPENDIX 1

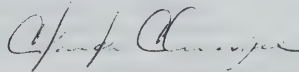
Monsieur Hubert Drouin, .

Attendu qu'il est plus rentable pour l'A.D.C. de voir son nombre de membres actifs augmenté et compte tenu du fait que les membres corporatifs, où l'adhésion est volontaire, initieront une campagne de recrutement visant à augmenter l'adhésion de membres actifs à l'A.D.C.;

Il est proposé que la cotisation de membre corporatif devienne symbolique, soit \$1.00, pour tout membre actif ayant acquitté une cotisation entière auprès de l'organisme membre corporatif.

Nous vous remercions de l'attention que vous porterez aux présentes et vous transmettons nos salutations distinguées.

Le président,



Claude Chicoine, d.d.s.

CC/sd

The Canadian Dental Hygienists' Association L'association Canadienne des Hygienistes Dentaires



Summary of Events Surrounding Presentation of the C.D.H.A. Brief to Hall Commission

1. A letter to the Canadian Dental Association dated October 6, 1980 outlined the details involved in the preparation and eventual presentation of this brief to the Hall Commission. (Attached)
2. January 15, 1981 a letter was sent to Madame Monique Begin, Minister of National Health and Welfare indicating that the Brief could not be considered "policy" of our Association. (Attached)
3. A telephone ballot was conducted on Thursday February 19, 1981. (see attached copy) The resolution voted on was DEFEATED.
4. The Board of Directors of the Canadian Dental Hygienists' Association is now considering issues that have evolved from this brief. As most of the issues have never been discussed at the national level, much time will be allotted for discussion at our Annual Board Meeting August 29 and 30, 1981 in Calgary.

Respectfully submitted

Marge Bailey

Marge G. Bailey, President
Canadian Dental Hygiene Association
Box 2200
Kindersley, Saskatchewan
S0L 1S0
(306) 463-2397

MGB/nak

MANAGEMENT COMMENT:

As this report was received after the Executive Council meeting, the Management Committee thanks the CDHA and receives the report for information.

.... excerpt from January 16, 1981 C.D.H.A. Executive Council Meeting Minutes:

TELEPHONE BALLOT CONCERNING ENDORSEMENT OF THE C.D.H.A. BRIEF TO THE
HEALTH SERVICES REVIEW 1979 (HALL COMMISSION)

Directors have in their files a copy of the brief presented by the C.D.H.A. to the Health Services Review, 1979, which would have been mailed to all directors by the past executive council simultaneously as it was presented.

Marge Bailey will be attending the C.D.A. Board of Governors meeting on March 5, 6, and 7, 1981 to present the C.D.H.A. official position on this brief. Since the C.D.A. has contacted the provincial dental associations, who in turn, (in some cases) have contacted the provincial dental hygiene associations for their reactions to the brief, the executive council feels that C.D.H.A. requires a statement on either complete endorsement or rejection of this entire document prior to the C.D.A. Board of Governors meeting in March.

The ballot will be conducted by TELEPHONE on THURSDAY FEBRUARY 19, 1981.
You will be required to vote YES or NO on the following resolution:

WHEREAS The C.D.H.A. Brief to the Health Services Review, 1979,
(Hall Commission) has never been presented for formal
approval to the C.D.H.A. Board of Directors, and

WHEREAS other organizations are requesting OFFICIAL COMMENTS
from the C.D.H.A. on this document, therefore

BE IT RESOLVED that the Canadian Dental Hygienists' Association
endorse the C.D.H.A. Brief presented to the Health
Services Review, 1979 (Hall Commission).

"DEFEATED"



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

July 20, 1981

Mrs. Margaret Bailey,
President,
Canadian Dental Hygienists'
Association,
Box 2228,
Kindersley, Saskatchewan
S0L 1S0

Dear Mrs. Bailey:

Thank you for the invitation to attend the Canadian Dental Hygienists' Association Board Meeting on August 29th and 30th, 1981 in Calgary. While it may be difficult, because of other obligations, I will try to be present to bring greetings from the Canadian Dental Association.

If it is felt that a representative from CDA could be helpful to your deliberations that too can be arranged. I would like to extend to you an invitation to attend the CDA Board of Governors Meeting at least for the presentation of your report. This would be timed for a late afternoon on the second day, Saturday, August 29th.

It is hoped that you will be able to highlight for us the results of your deliberations pertaining to the relationship between our two organizations. A particularly sensitive issue is in the area of supervision of the practice of dental hygiene. The denial of the CDHA Brief to the Health Services Review as policy of the CDHA is recognized and appreciated as a positive gesture. Your intentions to study the issues brought forth in the Brief and to formulate policies on these issues is greeted with appreciation. If you can come forth with at least a general statement on the CDHA position on supervision it would serve as a sound basis for further discussion. To enhance a better understanding of each other's position, the CDA would be pleased to propose the formation of a joint CDA/CDHA committee to further study policy relating to the relationship between the two organizations. Such a committee would afford an opportunity for both

participants to study the situation and thereby better understand the other's position. The committee could formulate recommendations for policy statements that could be presented to both Boards for consideration. This would enhance the mutual trust and understanding between the two organizations.

I wish you well in your deliberations and look forward to meeting with you in Calgary.

Kind regards.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Gilbert Utas', written in a cursive style.

Gilbert Utas, D.D.S.,
President,
Canadian Dental Association

GU/dt

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



AUG 13 1981

June 29, 1981

Dr. Gil Utas, President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Utas:

On behalf of the Canadian Dental Hygienists' Association, I would like to extend this invitation to you to attend our Annual Board Meeting August 29 and 30, 1981. The meeting will be held in the SANDMAN INN, Calgary, Alberta and is scheduled to begin at 9 a.m. sharp.

I realize that other Board Meetings are also in progress at this same time and that, consequently, you may be unable to attend. I want to take this opportunity to thank you for the co-operation and assistance you have provided me during my term as C.D.H.A. President.

I look forward to meeting with you and your Management Committee sometime during the Convention activities.

Yours truly,

Marge G. Bailey

Marge G. Bailey, President
Canadian Dental Hygienists' Association
Box 2228
Kindersley, Saskatchewan
S0L 1S0
(306) 463-2397

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



January 15, 1981

Madame Monique Begin
Minister of Health and Welfare
Room 443 South
House of Commons
Ottawa, Ontario

Dear Madame Begin:

The Canadian Dental Association has requested that I send you this letter regarding our Canadian Dental Hygienists' Association brief to the Health Services Review 1979. I understand that the Canadian Dental Associations' primary concern in this brief is recommendation number six which states:

"As practice standards and quality assurance programs for dental hygiene are developed the possibility of establishing independent practice conforming to such standards be investigated".

Please find enclosed a copy of a letter to the Canadian Dental Association which outlines the facts surrounding the preparation and submission of this brief. You will note that this brief, including the recommendations, has not been endorsed by the Board of Directors of the Canadian Dental Hygienists Association and cannot, therefore, be labelled a "policy statement" of our Association at this time.

Yours truly,

(Mrs.) Marge Bailey, President
Canadian Dental Hygiene Association
Box 2228
Kindersley, Saskatchewan
S0L 1S0
(306) 463-2397

The Canadian Dental Hygienists' Association
L'association Canadienne des Hygienistes Dentaires



October 6, 1980

Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
Canada
K1G 3Y6

To: Member of the C.D.A. Board of Governors

Please find enclosed a copy of the brief presented by Diane Girardin, Pat Grant and Kate McDonald representing the Canadian Dental Hygienists Association to the Health Services Review Commission in Halifax on April 8, 1980.

At first the scope of the Hall Commission was unsure, most assuming that this was confined to hospital services only. As other groups presented briefs this assumption proved incorrect.

While our President at this time, Diane Girardin, was attending the C.D.A. Board of Governors Meeting March 6 and 7, 1980 in Ottawa, she saw the brief presented by the Canadian Dental Association to the Hall Commission. According to the dental hygiene data bank, the statistics regarding dental hygiene in this brief were not up-to-date. The C.D.H.A. Executive Council decided that it was imperative that this Commission be made aware of dental hygiene's contribution to the dental health of Canadians.

They, therefore, contacted Donald MacDonald, Executive Officer of the Health Services Review to set a time for the Canadian Dental Hygienists Association to present a brief.

An "urgent" Message was mailed to all C.D.H.A. Directors, representatives and committee chairpersons urging them to send ideas and suggestions for the Health Services Review Brief before March 24, 1980. This brief was then prepared by the 1979-80 Executive Council assisted by other members of the dental hygiene profession in the Winnipeg, Manitoba area.

Copies of this brief were mailed to the C.D.H.A. Board of Directors, representatives and committee chairpersons simultaneously as the brief was presented to the Hall Commission in Halifax.

The C.D.H.A. Brief was discussed with varying opinions expressed during the annual session of the Canadian Dental Hygienists Association Board of Directors July 12 and 13, 1980 in Halifax. No endorsement of this brief was entertained by the Board. The only motion carried by the Board commended the persons who prepared the brief on their initiative and resourcefulness which ensured that the Canadian Dental Hygienists Association was represented before the Hall Commission.

The Ontario Dental Hygienists Association requested that a motion passed by their provincial Board of Directors stating that they neither desire or endorse the concept of independent practice of dental hygiene in the province of Ontario be included in the Canadian Dental Hygienists Association Transactions of this National Board Meeting to indicate their position.

I trust that this brief and letter will be distributed un-edited and in its entirety and would like to thank this Canadian Dental Association Board of Governors for this opportunity to present these facts surrounding the preparation and submission of this brief.

Yours truly,

Marge Bailey

Marge G. Bailey, President
Canadian Dental Hygiene Association
Box 2228
Kindersley, Saskatchewan
S0L 1S0
(306) 463-2397

MGB/nak

The Canadian Dental Hygienists' Association Association Canadienne des Hygiénistes Dentaires



7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

nsactions. 1981

ER

UNIVERSITY OF TORONTO

Harry R. Abbott Memorial Library

**FACULTY OF DENTISTRY
124 EDWARD ST.
TORONTO, ONT.**

TRANSACTIONS